17126

Class _____

No _____

Presented by

R. J. Dunglison, M.D.

THE

NATIONAL MEDICAL REVIEW.

Chas. H. Crowell, M. D.

EDITOR AND PUBLISHER.

COLLEGE OF PHYSICIANS
LIBRARY.
APR 4 1894
OF PHILADELPHIA.

VOL. II.

March, 1893, to March, 1894

WASHINGTON, D. C.

INDEX.

THE EDITOR'S TABLE.

Action of Iron Illustrated ... 2
Address of Dr. J. Ford Thompson ... 134
Advice to Freshmen ... 115
Æsthetic Sense in Animals ... 82
Alcohol and the Lungs ... 37
American Editors' Banquet ... 163
Response by Dr. S. S. Adams ... 163
" " " H. L. E Johnson ... 164
" " " W. A. Hammond ... 164
American Medical Publishers' Association 162
Anniversary Banquet ... 177
Another Medical College Needed ... 113
"An Errand all Divine" ... 65
Artistic Journalism ... 5
A General Invitation ... 178
A Grim View of It ... 179
A New Dress ... 6
A Paying Ad ... 178
"A Physical Dictionary" ... 120
A Private Word ... 33

Bacteriological Divorce ... 102
Bearded Beauty ... 66
Beauty of Abbreviations ... 165
Be Careful of the Top Bar ... 49
Best Way to Get Here ... 86
Biography of Ephraim McDowell ... 163
Brown-Sequard Still at Work ... 4

Cause of Insanity ... 65
Causes for This Higher Death Rate ... 67
Chronic Deafness ... 165
Cimex Lectularius ... 162
Circulation Increased ... 82
Comments on the Above ... 20
Consolation to Mr. Warner ... 36
Correspondence with the Company ... 3
Cure for Consumption ... 38
Cure for Deafness ... 101

Daily Medical Journal ... 33
Death of Dr. Daniel R Hagner ... 21
Death of Dr. Hamilton E. Leach ... 49
Death of Dr. William Lee ... 20
Death from Ether ... 34
Direct from Microscopic Slides ... 2
Dissolution of Partnership ... 167
"Dot Your i and Cross Your t" ... 140
Drivers as Doctors ... 37
Dr. J. Taber Johnson's Sanatorium ... 39
Dr. Mary Putnam Jacobi ... 67
Easy to Find Him ... 69
Education and Good Health ... 33
Effects of Organic Extracts ... 4
Encouraging Words ... 22
Ethical Methods of Dr. Amick ... 117
Evils of Substitution ... 146
Experiments with Terraline ... 86

Food ... 140, 147
Food in the Meadows ... 139
For Sale and Wanted ... 116
French Infant-Food Bill ... 68
Free Dispensaries and Young Doctors ... 133
Function of the Ileocæcal Valve ... 115

Grateful Public ... 33
Give Due Credit ... 69

Hard on the Specialists ... 66
Has the Red Blood Corpuscle a Nucleus? 138
Have Taken a Move ... 86
Highest Skill Required ... 38
High Indorsement of Brown-Sequard's Elixir ... 71
High Temperature ... 36
"Honest Livelihood" ... 50
Horrors of Vivisection ... 148
Hunting After Something New ... 166

Ideal Woman ... 166
Increased Postage ... 147
Insurance Against Twins ... 22

Journal of the Association ... 70

Keeley Cure in Its True Light ... 65

Language of Science ... 85
Latest Dispatches ... 101
Learn to Laugh ... 119
Letter from Parke, Davis & Co ... 18
Letter from Sharp & Dohme ... 19
Letter from the Reinschild Chemical Co ... 19
Letters to a Young Physician ... 16, 32, 48, 64, 80, 96
Libel and a Lie ... 3

Man and the Lower Animals ... 17
Master Your English ... 68
Medical Advertising ... 35
Medical Colleges of Washington ... 118
Medical Examining Board of Virginia ... 69
Medical Mirror ... 117
Mental Medicine ... 83
Meeting of the American Med. Associat'n 70
Military Surgeons' Convention ... 71
"Most Interesting Reading" ... 22
More Men than Women ... 67
More Women than Men ... 67
Mr. Ernest Hart Interviewed ... 145
Mr. Hart's Address ... 161

National Bureau of Medical Bibliography ... 50
Newspaper Interviewing ... 132
New Danger to Surgeons ... 5
New Homeopathic Medical College ... 137
New Method of Convalescence! ... 162

New Tariff Bill ---- 161
No Use for Laboratory Work ---- 1
Not a Pleasant Picture ---- 70
Not in Bad Repute ---- 98
Nude in Art ---- 52

Obstetrical Society Celebration ---- 139
Officers of Publishers' Association ---- 140
Officers of the Medical Association ---- 39
"One of the Brightest and Most Readable" ---- 51
Opinions from Abroad ---- 130
Organic Extracts ---- 4
Our Daily Medical Journal ---- 147
Our December Number ---- 141
Our Medical Colleges ---- 52

Pan-American Med. Congress 97, 104, 116, 132
Panopeton ---- 86
Parallel Case to Col. Elliott F. Shepard ---- 50
Patents and the Code ---- 38
Pepsins of Lower Power ---- 1
Pepsin Question Again ---- 1
Personal Ethics for Visiting Foreigners ---- 145
Phenacetine ---- 22
Phenaceto-Caffeine ---- 22
Philosophy of Chewing Gum ---- 81
Preliminary Entrance Examinations ---- 114
President of the Association ---- 39
President of the Society ---- 177
Prevention of Disease ---- 81
Profession Should Act Promptly ---- 36
Proportion of Red to White Corpuscles ---- 2
Prospectus for Coming Winter ---- 119

Questions for the Examination ---- 69

Rapid and Successful Operating ---- 84
Recent Results of Vivisections ---- 17
Religious Feeling in Animals ---- 82
Remarkable Feet ---- 140
Report of One Hundred Laparotomies ---- 37
Resolutions on the Death of Dr Leech ---- 102
Resolutions of the Medical Society ---- 20, 21
Retirement of Dr. A. K. Bond ---- 140

Sailing Under False Colors ---- 145
Scientific Capital Punishment ---- 101
"Senator Starlight Seriously Sick" ---- 86
Seventy-fifth Anniversary ---- 51, 70, 86, 141, 167, 177
She Fusses Too Much ---- 51
She Poulticed It ---- 100
Sign of the Times ---- 50
Site of Contagious Disease Hospital ---- 98
Slaves to the Cigarette ---- 36
Society of Aristocrats ---- 68
Some Interesting Correspondence ---- 131
Special Offer ---- 85
Speculum Specialist ---- 68
Spice of Life ---- 38
Sphygmograph in Court ---- 22
Substitution, a Crying Shame ---- 35
Sure Cure for Diabetes, Rheumatism, Etc. 81

Testimony on Our Side ---- 70
That Pepsin Question Again ---- 18
The Late Dr. W. B. Towles ---- 118
The Old Professor ---- 113
The Profession Insulted ---- 3
The Time not Near at Hand ---- 35
The Trick of the Drawings ---- 2
The Umbrella, the Foul Air and the Well ---- 83
Therapeutics of Iron Illustrated ---- 49
Therapeutics of Organic Extracts ---- 5
Thirteen Substitutions, Seven Genuine ---- 35
To Live Long, Weigh Little ---- 85
To Save Time ---- 119
Treatment of Puerperal Fever ---- 102
Two Articles on Peroxide ---- 22

Unfortunate Effect ---- 34
Useless Vivisections ---- 17

Value of Titles ---- 165
Viewed from the Mirror ---- 119
Vivisection Prohibited ---- 17

Washington Has Pure Drinking Water ---- 83
Water "Above Suspicion" ---- 52
We Are Profoundly Grateful ---- 129
We Will Wait Awhile ---- 5
What is Homeopathy? ---- 36
What Homeopathy is Not ---- 66
What Real Education Can Do! ---- 84
Where Do You Send Your Articles? ---- 136
Which is the Better? ---- 162
Whisky for Babies ---- 103
Who is He? ---- 20
Woman of Stone ---- 137
Why Washington Is So Beautiful ---- 68
Working Against Odds ---- 18
Work or Bread ---- 116
Worthless Children ---- 103

The Progress of Medicine.

Adhesion of Soft Palate to Pharynx ---- 8
A Dutch Medical Declaration ---- 171
A Practical Argument ---- 108
A Slight Mistake ---- 123
Acetanilid in Dysmenorrhœa ---- 77
Acid Treatment of Choleraic Diarrhœas ---- 108
Active Principles of Cod Liver Oil ---- 94
Administering Chloroform During Sleep 53
Administration of Iodide of Potash ---- 62
A Family Laxative ---- 121
Alcohol in Old Age ---- 105
Alkaloids of Pilocarpus ---- 58
Anæsthetic Power of Iodoform ---- 171
An Odorless Disinfectant ---- 61
Animal Extracts ---- 73
Antipyrin in Erysipelas ---- 76
Aperient Pill of Sumbul ---- 110
Apoplexy During Pregnancy ---- 56
Aristol in Catarrhal Affections ---- 27
Aristol in the Treatment of Wound ---- 94
Army Medical Examining Board ---- 155
Asepsis in Obstetrics ---- 72
Asparoline ---- 190

Benign vs. Malignant Growths ---- 6
Bromides in Congestion ---- 78

Carbolic Acid; a Powerful Germicide ---- 122
Can This Ever Be Remedied? ---- 73
Celebration of Seventy-fifth Anniversary ---- 53
Celerity in Operating ---- 107
Central Origin of Neuralgia ---- 59

17126

Cardine, the New Extract of the Heart-- 74
Cerebrine in Locomotor Ataxia---------- 74
Chloralamid in Nervous Insomnia------- 44
Chloralamid as a Hypnotic ---- ---------- 111
Chloroform in Obstetrics---------- 109
Cholera in This Country---------- 71
Cineraria Maritima in Cataract- ---------- 28
Clinical Value of Kumyss---------- 122
Clinical Value of Opium---------- 107
Commercial Value of Life---------- 76
Composition of Syrup of Figs---------- 29
Cystitis ---------- 24

Danger-Line in Anæsthesia---------- 77
Defective Eyes Among Pupils---------- 87
Diet in Enteric Fever---------- 71
Diet for the Inebriate---------- 72
Diet in Times of Cholera---------- 75
Diphtheria with Intercurrent Varicella--- 23
Dispensing Our Own Medicine---------- 41
Do Not Coax Your Patients---------- 93
Duration of Lying-in Period---------- 41
Dysentery in Young Children---------- 168

Easy to Diagnose---------- 100
Effects of Removal of Ovaries---------- 105
Effects of Impacted Cerumen---------- 44
Electricity in Gynæcology---------- 106
Enormous Ovarian Tumor---------- 76
Experiments with Terraline---------- 156
Extra Uterine Pregnancy----------9, 57

Foods for Children---------- 75
For Valvular Disease---------- 122
Foreign Bodies in Bronchus---------- 59
Flies and Cholera---------- 123
Function of Thyroid Gland---------- 74

Genital Diseases and Nervous Affections- 42
Give Less Morphine---------- 73
Glycozone in Nasal Affections---------- 30

Haines' Test for Sugar---------- 105
He Saved Her Life---------- 173
Headaches and Disturbances of Eyes----- 90
Heart Failure---------- 42
Higher Education of Women vs. Sound Health---------- 43
How to Pronounce Massage---------- 91
How We Judge Distance---------- 89
Hydrothionuria---------- 58
Hypophosphites of Lime and Soda------- 29

Identification of Blood---------- 73
Ileo-Cæcal Valve---------- 12
Imperfect Articulation, Stammering---- 60
Impure Bromides---------- 29
Ipecac an Oxytoxic---------- 43
Izal, the New Disinfectant---------- 105
Laws of Growth of Bacteria---------- 169
Location of Contagious Hospital--------- 89
Lysol as a Disinfectant---------- 94

Malt Extract---------- 121
Management of Infants During Summer-- 90
Mastoid Disease---------- 60
Medical Disuse of Alcohol---------- 41
Medical Notes in case of Pres't Lincoln--- 41
Menstruation and Ovulation---------- 45
Menstruation, Ovulation---------- 62
Method of Death by Chloroform, Ether-- 106
Modern Antipyretics---------- 76
Movable and Displaced Kidney---------- 55
Narcotics and Narcosis---------- 57
National Department of Health---------- 92
Nephrectomy and Hysterectomy--------- 182
New Dress for the Microscope---------- 45
New Treatment for Malaria---------- 60
Non-Medical Treatment of Constipation-- 43

Obstetrics Should be Taught Early------- 108
Officers of Medical and Surgical Society-- 155
Opacities of the Lens---------- 183
Opinion of Dr. Howard Kelly on the Above 42
Other Cases of Foreign Bodies in Windpipe 59

Painful Menstruation---------- 43
Painful Pregnancies and Subinvolution--- 30
Pancropepton---------- 189
Papoid in Consumption---------- 124
Pental, an Excellent Anæsthetic--------- 172
Petroleum and Hypophosphites---------- 189
Physiological Effects of Chloralamid----- 93
Phytoline in Obesity---------- 62
Piperazin---------- 28
Piperazin in Diabetes Mellitus---------- 111
Piperazin in Uric Acid Diathesis--------- 110
Poisons for Suicide---------- 63
Porro Cæsarian Operation---------- 44
Postnatal Atelectasis---------- 10
Practical Hints in Obstetrics---------- 110
Precautions Against Collapse from Anæsthesia---------- 63
Precision in Diagnosis of Intra-Abdominal Disease---------- 148
Prescribe to Please Your Patients--------- 45
Prescription for Earache---------- 15
Protection for Diphtheria---------- 44
Proteolytic Action of Papoid---------- 61
Protracted Gestation---------- 167

Recent Literature on Antikamnia-------- 40
Recognition of Merit---------- 126
Remarks on Hypnotism---------- 87
Responsibility of the Anæsthetist-------- 77
Result of Excessive Chewing---------- 29

Salipyrin---------- 29
Salophen---------- 170
Sennine---------- 191
Sharp & Dohme---------- 125
Somatose---------- 190
Stab Wound of Heart. Recovery---------- 72
Status of Hysterectomy in New York--- 123
Strontium Bromide in Epilepsy---------- 125
Styrone in Middle Ear Suppuration------ 28
Surgical Pathology of Mastoid Process--- 60
Surgery of the Kidney---------- 170
Sulfonal, a Hypnotic, not an Analgesic--- 30
Sulfonal in the Treatment of the Insane-- 172
Sudden Deaths in Confinement Cases----- 173
Sweet Medicine---------- 61

"The Hands Over the Head"---------- 155
The Local Medical Journal---------- 123
The Successful Specialist---------- 77
Therapeutics of Thiol in Skin Diseases--- 12
Therapeutics of Terraline---------- 42
The Difference---------- 105
Thiol in Endometritis---------- 60
Tobacco and Boys---------- 105
Tobacco and Vision---------- 41
To Quiet Pain---------- 170
To Remove Nasal Polypi---------- 106

Tolysal ---- 44
To Produce Sleep ---- 94
To Wean Patient from Morphine Habit ---- 27
Tonic Stimulants ---- 61
Too Strict Diet for Diabetics ---- 124
Treatment of Disease of Inebriety ---- 71
Treatment of Empyemia ---- 171
Treatment of Rheumatic and Gouty Affections ---- 27
Treatment of Pneumonia ---- 107
Treatment of Follicular Tonsilitis ---- 107
Treatment of Ringworm ---- 28
Treatment of Myxœdema ---- 74
Treatment of Cholera ---- 77
Treatment of Cow's Milk ---- 75
Treatment of Diphtheria ---- 92
Treatment of the Gouty State ---- 78
Treatment of Sprained Ankle ---- 91
Treatment of Spasmodic Asthma ---- 44
Treatment of Obesity ---- 125
Treatment of Uterine Troubles ---- 93
Typhoid Fever and Pregnancy ---- 179
Two Cases of Hysterectomy ---- 58

Use of the Peritoneum ---- 75
Use of Phenacetine ---- 77

Valvular Disease of the Heart ---- 183
Vaginal Hysterectomy ---- 184
Visitors at the World's Fair ---- 121

What They Thought of Tobacco ---- 46

Medical Society of the District of Columbia.

The names of the following members of the Society appear on the pages indicated:

Acker, G. N., 23, 24, 104, 168, 169, 181.
Adams, S. S., 10, 23, 24, 26, 39, 54, 84, 90, 97, 104, 117, 120, 140, 163, 168, 169, 181, 183, 184, 188.

Balloch, E. A., 148, 151, 154, 155, 168.
Barker, H. H., 104, 141, 167.
Belt, E. O., 9.
Bermann, 87, 89, 90, 104, 120, 140, 182, 183.
Bishop, F. B., 104.
Bovee, J. W., 10, 155, 182, 183.
Bowen, W. T., 104.
Brown, C. W., 14, 23, 24, 27, 90, 168.
Bryan, J. H., 9, 104.
Buchanan, C. M., 104.
Burnett, S. M., 87, 89, 90.
Busey, S. C., 11, 13, 25, 26, 53, 54, 55, 56, 57, 89, 104, 151, 152, 155, 168, 177, 180, 181, 183.
Butler, W. K., 183.

Caldwell, C. D., 149, 152.
Carr, W. P., 7, 150, 152, 153, 182.
Compton, W. P., 181
Cook, G. W., 27, 104.

Deale, H. B., 104.
Dillenback, Wm., 104.
Dufour, C. R., 183.

Eliot, J., 60, 104, 120, 141.
Eliot, L., 39, 60, 104, 155.

Franzoni, C. W., 12.
Fry, H. D., 39, 140, 180, 188.

Graham, N. F., 186.

Hagner, C. E., 104.
Handy, W. E., 104.
Harrison, G. B., 104.
Hayes, H. L., 11, 167.
Hazen, W. P. C., 39.
Howard, Jos. T., 9, 56, 57.

Johnson, H. L. E., 104, 164.
Johnson, J. T., 7, 10, 14, 39, 58, 57, 78, 104, 153.
Johnson, W. W., 55, 58, 59, 177.

Kerr, Jas., 53, 90.
King, A. F. A., 10, 26, 59, 98, 118, 168, 181, 184.
King, E., 53.
Kleinschmidt, C. H. A., 90, 104.

Lamb, D. S., 14, 56, 79, 185.
Leech, D. O., 104.
Lovejoy, J. W. H., 24, 90, 167.

Mackall, L., 104.
Magruder, 59, 97, 104, 168, 183.
Maloney, J. A., 141, 147, 165.
McArdle, T. E., 22, 54, 90, 104, 140, 179, 180, 181, 182, 189.
McKimmie, O. A. M., 53, 183, 184.
McLain, J. S., 57, 79 104.
McLaughlin, T. H., 12.
Morgan, E. L., 23.
Morgan, Jas. D., 39, 90, 155.
Muncaster, O. M., 8, 9, 23, 24.
Muncaster, S. B., 87, 183.
Murray, T. M., 104.

Nash, T. F., 104.

Ober, G. C., 54, 104.

Parsons, Mary A., 56.
Prentiss, D. W., 6, 7, 58, 87.
Reyburn, R., 57, 58, 87, 169, 180, 182, 184, 185.
Richardson, C. W., 59, 104.
Richey, S. O., 78, 90.
Rosse, I. C., 22.

Scott, J. F., 58, 104.
Smith, T. C., 25, 26, 54, 55, 57, 152, 153, 168, 177, 181.
Snyder, A. A., 7, 54.
Sohon, F., 23, 60, 88.
Stone, C. G., 23, 180, 181.
Stone, I. S., 9, 14, 24, 31, 58, 57, 84, 149, 152, 153, 154, 179, 182, 183, 184, 185.

Tompkins, E. L., 104.
Thompson, J. F., 53, 58, 104, 134, 154, 155, 177, 183, 184.

Van Rensselaer, J., 104.
Vincent, T. N., 104.

Ward, W., 12, 87, 181.
Winter, J. T., 53, 104.
Woodward, W. C., 14, 87.

THE
NATIONAL MEDICAL REVIEW.

VOL. II. WASHINGTON, MARCH, 1893. No. 1.

THE EDITOR'S TABLE.

The Pepsin Question Again.

The discussion of the pepsin fallacy in the last number of this journal has brought forth some very interesting results. It would seem from what we have heard that physicians are not altogether agreed concerning the value of pepsin in the first place, and again, concerning the indications which demand its administration. With the most rare exceptions, however, we have been assured that our position is correct, in that physicians should indicate on their prescriptions the strength of the pepsin desired, or what is equivalent, as one physician well says, indicate the manufacturer's name. This last point is well taken. Take a firm that has been in the pepsin business as long as Fairchild Bros., and to specify their make is to insure a pepsin of superior strength and of equal reliability.

Take the two firms mentioned in our last issue with the one just noticed and the pepsin fallacy will soon be a thing of the past. But it is against the use of pepsins now on the market with the only thing to recommend them, "on account of their cheapness," that we protest.

Pepsins of Low Power.

That our readers may not think us altogether mistaken in this matter we will simply hint at a recent interview with the manager of Ford's pepsin preparations. This man informed us that these so-called test-tube tests were a delusion and a snare. He put the case by saying, "there was no more relation between the action of pepsin on foods when in a test-tube and when in the stomach, than there was between the corn in the field and the Johnny-cake on the table." We were told that the only true test for a pepsin was its success as used by physicians in active practice. We were again informed that a professional friend of his had assured him that the best pepsin this physician had ever used was of the strength of 1 to 150! Moreover, we learned further that there were theoretical as well as practical reasons for supporting the statement that the old saccharated pepsins were better than the pure crystal or powdered pepsins of modern times, even when given in equal bulk!

No Use for Laboratory Work.

We evidently stirred up a hornet's nest in this quarter of the globe, for after being shown the article in our February number we were told we would be more welcomed when we would write an article more to their liking. And what was the drift of said article? Simply a plea for more care on the part of physicians in prescribing none but the best of remedies. But according to what we were told there need be no expensive experimental laboratories. These are unreliable. The true test resides in the whims and whimseys of dyspeptic

hypochondriacs We extend congratulations to P., D. & Co.; S. and D. and Fairchild Bros. They can abolish their extensive laboratory outfits and discharge their expert chemists! Testimonials are the order of the day!

Action of Iron Illustrated.

During the past month the physicians of this city have very generally received a circular announcing "an incomparable advance in iron medication." This is issued by the Reinschild Chemical Company of New York, and is a setting forth of the claims of Dieterich's preparations of iron. Concerning the therapeutic value of these goods we know nothing, certainly nothing detrimental. But we do most positively denounce the attempt to deceive, as portrayed by the colored plates used to illustrate the action of these remedies. There are three colored plates, illustrating the red and white corpuscles of the blood. As works of art they are dismal failures, while as to truthfulness they are as far removed from it as one can imagine. The red blood corpuscles are portrayed as of a most brilliant red, a condition in which no person ever saw them. Precisely the same coloring is used on all three plates, although we are asked to notice "the improved appearance of the red corpuscles," and, at last, "an entirely healthy appearance." But this is nothing as compared to what follows.

Direct from Microscopic Slides.

This circular informs us that these plates "were drawn from microscopic slides by a physician of high standing, and show the remarkable changes wrought in the blood of a patient suffering from anæmia." Upon reading this we began a careful study of the illustrations and were forced to some startling conclusions. First. The identical red corpuscles found in plate I. are found in plates II. and III. In other words, the 173 red corpuscles in the first plate are in each of the others precisely the same; the drawings of the three plates, in this particular, being exactly alike. Think of it! The second plate was drawn from a microscopic slide of blood taken from the patient two weeks after the first slide was made, and yet 173 corpuscles have arranged themselves in precisely the same way on the slide! Two weeks later a third slide was prepared by this "physician of high standing," and yet these same 173 corpuscles are in precisely the same position! Do they not look the same in plate III.? Apparently not, but if this plate be cut out and *inverted*, then the similarity is at once apparent to all. That 173 corpuscles could thus arrange themselves in rouleaux on three occasions with or without two weeks' intervals is not within the range of human possibilities. The drawings are not what they are claimed to be. They are misleading; they are deceptive.

Proportion of Red to White Corpuscles.

In plate I. there are 173 red corpuscles and 15 white; in plate II. 202 red, 7 white; and in plate III., where there are "only a normal number of leucocytes," we find 220 red and 4 white, or a proportion of one white to 55 red, instead of one white to three or four hundred red as "a normal number of leucocytes." This eminent physician had better post up a trifle better before he makes further attempts to instruct the medical profession in matters physiological.

The Trick of the Drawings.

The only difference between these three plates is this: In the first plate there are 15 white corpuscles. To make the second plate 8 of these are taken out and in the places occupied by them in the drawing are inserted the extra 29

red corpuscles. To make the third plate 11 of the white corpuscles of the first plate are erased and 47 red ones placed in these vacancies. And all this to "show the remarkable changes wrought in the blood of a patient." Better say, "to show the remarkable brazenness exhibited by a physician in thus attempting to thrust on the profession such a barefaced falsehood."

The Profession Insulted.

We do not hesitate to declare that this is simply an open insult to the whole profession. Viewed from the standpoint of a Barnum "the American people may love to be humbugged," but we can assure the Reinschild Chemical Company that nothing short of a full and complete apology will ever place them in a proper light before the profession. A clear, unqualified falsehood is stamped on their circular; and if this "physician of high standing" has, unwittingly to them, brought upon them this trouble, then let us hear speedily what is to be done. But as it now stands the case looks bad, as shown further by the following:

Correspondence with the Company.

On February 13 we wrote to the Reinschild Company asking them how much reliance could be placed on these colored plates and who this physician of high standing might be. To this we expected a reply that all possible reliance could be placed on the illustrations and that the physician was Dr. ——. On the 15th inst. a reply came, telling us that the "very enthusiastic indorser" who made the drawings was one Dr. Chas. G. Purdy of Brooklyn. Imagine our surprise to read the statement that while these illustrations are not as exact as desired, yet a trial of the preparations will convince one that the merits of the same warrant the assertions. Such kind of work may do for country newspapers, but not for an intelligent, thinking body of professional men. The company admits in the letter to us that the drawings are not as represented in the circular, yet notwithstanding this the circulars are sent out just the same.

A Libel and a Lie.

In a recent number of one of our exchanges is an article by a gynæcologist who writes deploring the terrible practice of unsexing so many women for the relief of all manner of aches and pains. He relates a case where a woman called upon him and asked his price for removing the ovaries. This, the patient replied, was entirely satisfactory. But when the doctor made an examination he could find no pathological lesions whatever, except a slight endometritis. After a close questioning the patient confessed she desired the operation in order to put a stop to her child-bearing. After hearing this story of course the doctor refused to operate. So far, so good. But this gynæcologist went still farther, and in his article says he told the woman that "*doubtless there were many other excellent surgeons who would be more complaisant.*" And as if to prove his charge he says the woman returned within a month, spayed, perfectly contented and happy. It is to the sentence which we have italicized that we most vigorously object. *We do not believe one word of it.* We consider it a gross libel on a class of workers who do their duty without fear or favor, and with whom any fee, no matter of what size, would not be able to turn their scalpel a hair's-breadth. We will admit that it might be possible for this woman to find a man possessed of a diploma, who would remove healthy ovaries from a healthy subject for a money consideration alone. But we do not believe there is one *surgeon* in America who would do it.

Certainly there are not "*many excellent*" ones who are so lost to all honor. All surgeons and physicians should frown upon and refuse to counsel with such a man; while no medical journal should accept a line from his pen.

Organic Extracts.

In the last number of this journal, on page 179, we made some comments on the work of Dr. Brown-Sequard and Dr. Paul Gibier. As the journal was in press an article appeared in the New York *Medical Journal* for January 28 on this very subject. The article is "On Certain Organic Extracts," and is written by Dr. William A. Hammond of this city. Dr. Hammond says that since the summer of 1889 he has been almost continuously at work studying and observing the physiological and therapeutical effects of various organic extracts. The foundation of the therapeutical structure rests on the following well-known facts:

Organic beings possess the power of assimilating from the nutritious matters they absorb the peculiar pabulum which each organ of the body demands for its development and sustenance. The brain, for instance, selects that part which it requires, the heart the material necessary for its growth and preservation, and so on with the liver, the lungs, the muscles, and the various other organs of the body. No mistake is ever committed. The brain never takes liver nutriment, nor the liver brain nutriment; but each selects that which it requires. There are, however, diseased conditions of the various organs in which this power is lost or impaired, and, as a consequence, disturbance of function, or even death itself, is the result.

Now, the doctor argues, if we can obtain the peculiar matter that an organ of the body requires and inject it directly into the blood, we do away with the performance of many vital processes which are accomplished only by the expenditure of a large amount of vital force.

The practical application of this is as follows: If a person is suffering from an exhausted brain, the result of excessive brain work, we can at once supply the proper pabulum to the brain cells if a concentrated extract of the brain of a healthy animal be injected into the person's blood. And if this be true of the brain, it must be true of all the other organs of the body. Dr. Hammond gives the method of obtaining these extracts and then records their effects on the human system.

Effects of Organic Extracts.

The effects of a single dose of an organic extract are (1) an increase of the pulse by about twenty beats per minute; (2) a feeling of exhilaration which lasts for several hours; (3) the quantity of urine is increased by from eight to twelve ounces in the twenty-four hours; (4) the expulsive force of the bladder and the peristaltic action of the intestines are notably augmented; (5) there is a decided increase in the muscular strength, and endurance is noticed at once; (6) in some cases in elderly persons an increase in the power of vision is produced; (7) and there is an increase in the appetite and digestive power. *The most notable effects are seen in the general lessening of the phenomena accompanying advancing years.*

Dr. Brown-Sequard Still at Work.

If any of our readers imagine that Dr. Brown-Sequard has been quieted by the adverse criticisms heaped upon him they may be surprised to hear that his extract prepared from the testicle has been used *over one hundred thousand times*, and on only two occasions were the injections followed by rise of temperature.

No pain was complained of, and there were no symptoms of septic infection.

Therapeutics of Organic Extracts.

In the *British Medical Journal*, Dr. Brown-Sequard makes the following report of his work: In 120 cases of ataxy, there have only been two instances of failure. In four cases of cancer there was marked improvement. In cases of uterine fibromata, the tumor has always been reduced in size. In seven cases of paralysis agitans, two have been improved, one of them being almost cured. In all cases of lateral sclerosis the method has given good results. In tuberculosis it has been very successful. Diabetes has been favorably influenced and one case cured.

We Will Wait Awhile.

In view of the above, it hardly seems the proper thing to utterly ignore this new departure and turn it off as the work of "an old man in his dotage." If 118 out of 120 cases of ataxy can be cured, let us furnish something that will cure every case or prove the absolute falsity of the statement, before we call the whole thing a fraud. Ten years ago who would have believed that by 1893 many hundreds of laparotomies could have been performed by a single operator with a loss of less than three per cent?

We will wait awhile. The old man with the long, white beard and thin, white hair, who carries a scythe over his shoulder and holds an hour-glass in his hand, is a very good one to decide all such questions.

A New Danger to Surgeons.

From a late number of the *International Journal of Surgery* we learn that Professor Albert has made some interesting observations on himself. For some time he had been suffering from dyspepsia for which no cause could be assigned by the physicians he had consulted. At last the thought occurred to him that the constant and free use of corrosive sublimate solutions in his operations might be a cause of the trouble. So he had Professor Ludwig make an examination of the urine, with the result of finding iodide of mercury in quantities comparatively large if the manner of absorption of the substance be considered. These facts and the fact that his finger nails have lately become softer, and that he had lost three healthy teeth, seemed to indicate that he was suffering from chronic mercurial poisoning.

Artistic Journalism.

If anyone ever doubted the artistic qualifications of the Bostonians, he has only to send ten cents and get a copy of the *Weekly Review*. Among the contents is found an index of magazines, papers and medical journals. This is very good; but it is the cover to which we call attention. A fair maiden of forty is exhibiting herself, clothed only in Nature's garb, save a fleecy bit of transparent lace drawn with uncomfortable tightness about the hips and serving as a background to a most unshapely pair of limbs. The poor girl has either a large lipoma over the left hip or a complete dislocation of the right. She is lightly clinging to a rope with her left hand while with her right she holds aloft a finger bowl, balanced on the point of her fan. That she is swayed by no gentle breeze is apparent from the fact that the contents of the bowl are being scattered in every direction. Should the rope break, a cold, watery grave awaits her in the bed of water lilies beneath. No wonder she has such a dejected, melancholy and altogether unlovely look! We are glad to learn that this nude figure comes out to be Reviewed but Weekly. If the female figure must be exposed in this uncalled for and altogether unnecessary manner, do let us have one symmetrical

in form and pleasant of face. But such a figure on such a journal is about as much in place as is the old bull in the china shop.

Is it I, or Are it We?

There are some things that so completely prostrate an editor that he recovers only after long periods of careful feeding on peptonized milk and after repeated hypodermic injections of Brown-Sequard's vitaline. Shall editors use the "first person, singular number, of the personal pronoun" or shall they continue the well-established custom of their forefathers? The editor of the *Medical Mirror* can see no good reason why he should be plural. Singularly enough he does not wish to think himself a Dr. Jekyll and Mr. Hyde. But the singular part of the discussion is that, if long continued, said editor will get the plurality of votes on his side, as he always wins. In a book written by Noah Webster can be found the statement that "*we* is often used by authors and editors, in speaking of themselves, in order to avoid the appearance of egotism in the too frequent repetition of the pronoun I." Our own modesty, the natural result of years of steady application as an editor and publisher, compels us to adopt that form in use by all kings and sovereigns. Therefore the REVIEW is obliged to state that the nominative case of the pronoun of the first number is, in our case, *we*.

The New York Polyclinic.

This is the name of "a monthly journal of progressive medicine and surgery." It is edited by the faculty of the New York Polyclinic, and is published by Dr. Ferdinand King at 218 E. Thirty-fourth Street, New York. Vol. I., No. 1, begins with January, and the two numbers already issued are most attractive, viewed both from the editorial and publisher's standpoint. The editorial staff is probably unexcelled by any journal in the world. It numbers about thirty, while many of the names are recognized as at the very height of professional eminence. Few men could conduct a journal at all satisfactory to such a critical list of editors; but it appears this was known, for those who are familiar with the *Doctor's Weekly* will readily understand why Dr. King was chosen to meet the demand. The *Polyclinic* is sure to succeed.

A New Dress.

The *Bacteriological World*, published at Battle Creek, Mich., comes to us for 1893 in a new dress and with a new name. We now welcome it as *Modern Medicine and Bacteriological World*. It contains a great deal of original matter, while its contents are in keeping with its title. The editor-in-chief, Dr. J. H. Kellogg, contributes largely to each number, and this fact alone is sufficient to make the journal both interesting and profitable.

THE PROGRESS OF MEDICINE.

Benign vs. Malignant Growths.

At the meeting of the Medical Society of this city on January 28 Dr. D. W. Prentiss reported the following interesting case: The patient was fifty years of age, and with no history of cancer in the family. When a child she was subject to erysipelas and had an attack two years ago. She is the mother of five children and has been subject to mammary abscesses with each nursing child. The abscesses involved different

portions of the breast, mostly the upper part, and had to be lanced. Eight years ago she noticed a small lump about the size of a pea in the lower part of the left breast, which grew gradually larger to the size of a pigeon's egg. There were occasional pains of a sharp, lancinating character, similar to neuralgia. The axillary glands were not enlarged. The first alarming symptom was that of blood from the nipple, which occurred during a severe coughing spell from a cold. This was the only time blood was perceptible for six years. Within the last two years previous to the operation there has been a slight bloody discharge from the nipple at each suspected menstruation. The tumor became more painful but not any larger. Two years ago the patient consulted Dr. Manning, who advised poultices. It was then lanced and discharged nothing but blood. For nearly two years the patient treated herself. Finally she consulted Dr. Prentiss, who found a multilocular cyst of the left breast presenting several openings discharging pus.

There were no adhesions to the chest wall, the nipple was not retracted, nor were the lymphatic glands in the axilla enlarged. It was not considered malignant but its removal was advised. Accordingly, May 16, 1892, the breast was removed by an oval incision, which included all the diseased skin.

A severe hemorrhage occurred the same evening which necessitated opening the wound and ligating the bleeding vessel; otherwise recovery was prompt and satisfactory. No enlarged glands could be discovered in the axilla.

The specimen was sent to the Army Medical Museum, and in due course of time a report was received which was as follows: "The tumor of the left breast presented by Dr. Prentiss was examined microscopically by Dr. Gray and showed *commencing cancerous degeneration.*"

It was this report that suggested bringing the case before the Society. A few meetings since, the question as to whether a tumor originally benign could take on cancerous degeneration was very thoroughly discussed, both *pro* and *con.* The testimony and opinions leaned toward the affirmative side.

This case seemed to bear so decidedly on the question that I brought the specimen before you.

I was myself not only surprised but shocked to be told by the microscopist that the tumor showed "commencing cancerous degeneration." It had its beginning eight years before, which of itself seemed to exclude cancer, and besides there was no retraction of the nipple, no adhesions to chest wall and no enlargement of the glands of the axilla.

It is now nine months since the operation, with no sign of return. I shall watch the future history with fear and interest.

Remarks by Dr. J. Taber Johnson.—Dr. Johnson gave the history of a woman with a large cyst in her breast. There was the history of a lump and then fluctuation was discovered. He thought it was cancerous, but Dr. Hamilton disagreed. The latter operated upon her and she appeared to recover, but in a few months it developed into a malignant tumor, hemorrhage occurred, and she finally died of cancer. In cysts of the female breast there is a likelihood of malignant degeneration in what appear to be benign growths.

Remarks by Dr. W. P. Carr.—Dr. Carr said that such changes were not confined to cysts. Two years ago he had removed a tumor from the breast of a girl aged twenty. He believed the growth to be adenomatous and removed some small nodules from the breast and axilla. He then made three sections and found two to be adenoma and the third scirrhus. This growth had existed for two years and was supposed to have been caused by a bruise resulting in an abscess. It is now eighteen months since the operation and the growth has not returned. He was satisfied that all suspicious tumors should be treated as if they were malignant.

Remarks by Dr. A. A. Snyder.—Dr. Snyder reported a case in detail, where a supposed benign tumor had undergone cancerous degeneration.

Remarks by Dr. D. W. Prentiss.—In closing the discussion Dr. Prentiss remarked that he had not supposed the tumor of any interest at the time of its removal. There was nothing to indicate malignancy, as there was neither glandu-

lar enlargement nor retraction of the nipple. When he received the microscopical report he determined to present the case to the Society because the question of benign growths taking on malignancy had been under recent discussion.

Adhesion of Soft Palate to Pharynx.

On the evening of January 18 Dr. O. M. Muncaster read a paper before the Medical Society of this city on "Adhesion of the soft palate to the Pharynx, caused by a scrofulous Abscess." The paper concluded with very interesting remarks on Scrofula. The case reported by Dr. Muncaster was that of a youth 16 years of age, who had complete adhesion of the soft palate and pharynx. This was caused by an inflammation which extended from a scrofulous abscess in the cervical gland immediately behind the right tonsil. There was no history of syphilis, and neither the patient nor his parents could recall any injury or, indeed, any cause for the inflammation and suppuration of the gland, unless it was due to a hard cold, which he had about that time. The doctor operated as follows: After the patient was under the influence of an anæsthetic a catheter was passed through the nose to a point just back of the uvula and then the adhesion was cut through to the catheter, separating the parts with right and left scalpels bent at right angles. Some thick granular tissue which had formed on the edges was removed. A pad was made of four thicknesses of linen, three fourths of an inch wide by one and one-half inches long. This was covered with vinolia salve and attached to two thick threads of silk which had been passed through each nostril by a small catheter. With these threads the pad was drawn up enough to keep the cut surfaces apart when the threads were tied together back of the neck. By leaving the threads a good length, the pad was withdrawn every day, the throat and postnasal space sprayed, and a new pad introduced. This was continued until the edges were healed. But the opening began to contract so much that constant dilatation was necessary; and at last it was necessary to use the incandescent cautery. So far, after the lapse of about nine months from the date of operation, the operation has resulted in a complete success.

Remarks by Dr. C. W. Richardson.—Dr. Richardson said that he was quite interested in Dr. Muncaster's paper, more so of the first part—wherein the doctor spoke of his case and operation—than the latter part. He did not wish to doubt the doctor's diagnosis, but nevertheless the explanation given as to method of occurrence of the adhesion did not satisfy him. He hardly thought it possible for a scrofulous abscess to break into the pharynx and cause such injury, so that the surfaces of the pharynx and palate would become adherent throughout. To cause an adhesion between the post surface of the palate and the pharyngeal wall it is necessary that there exist a more or less linear ulcer of the palate and the pharynx, and that these surfaces be in apposition long enough for them to become aglutinated. This condition is brought about by injury and syphilis. The syphilitic lesion may be of the acquired or inherited form. It seemed to him that inherited syphilis would more readily explain this case, in a causative way, than the rather problematical scrofulous abscess. He thought if the doctor had not already gained a syphilitic history from the parents of this child he could do so by adroitly questioning them. He had had under his observation a number of these cases; upon a half dozen he had operated with varying success. All of these cases were syphilitic. Several years ago he had the pleasure of showing to this Society one of these cases, of most complete adhesion, in which he had met with a perfect success. He had one, just discharged, of congenital syphilis, in which he had met with an excellent result. In this last case the whole left half of palate was adherent to pharyngeal wall, but there was no adhesion at lateral wall. Where adhesions exist at lateral wall, and involve them, it is impossible to get good results by the method adopted by the doctor. The tendency which these adhesions show to reunite after simple separation with the knife, even though retaining apparatus be introduced and worn for long periods, is remarkable. He

fears that the doctor will find, in spite of his use of the cautery, that the cicatricial bands will gradually extend toward the center until the old deformity is reproduced. The method of operating which has given him the best results is as follows: Through the opening, which always exists in these cases, a threaded staphyloraphy needle is passed until its point reaches well the lateral wall of the pharynx, where it is caused to make its egress in the line of the adhesion. The thread is drawn out and the needle removed. The one end of the thread protruding through the central opening, behind the uvula and the other end protruding through the opening in the artificial opening in the adherent palate, at the lateral wall of pharynx, are united. This is allowed to remain sufficiently long to cause an eyelet, or cicatricial ring, to be formed at the most vulnerable part of the operation. A similar procedure is adopted upon the other side. When the cicatricial rings are well formed we can separate the remainder of the adherent palate without fear of the adhesion again extending from the lateral walls toward the center.

Remarks by Dr. J. H. Bryan.—Dr. Bryan stated that he had treated a number of such cases and in all of them the etiology could be traced directly to syphilis.

In speaking of scrofula he said it was difficult to give a definition of that disease that would accurately describe the pathological condition, but he thought the definition given by the late Professor Gross, while not scientific, would best explain the actual condition present, namely, that in scrofula we have an attenuated or washed-out state of tuberculosis.

Remarks by Dr. E. Oliver Belt.—Dr. Belt had seen several cases of complete adhesion of the soft palate to the posterior wall of the pharynx. All were in adults and the result of acquired syphilis. He thought it doubtful whether complete occlusion of the pharynx ever resulted from scrofula alone, and that it was more frequently due to acquired rather than to congenital syphilis. In reference to the treatment of enlarged glands from scrofula by the use of setons he had found them unsatisfactory.

Remarks by Dr. Muncaster.—Dr. Muncaster, in closing the discussion, stated that, in answer to the remarks of Dr. Richardson, he would say that the inflammation from the abscess of the cervical gland extended to the pharynx and soft palate, causing entire adhesion of those parts. (Abscess did not open on inside.) He questioned patient and parents closely, but could get no history of syphilis in either, nor were there any symptoms of that disease in the boy at the time of the abscess or since. He did not deny that syphilis in some one of his ancestors might not have produced the scrofulous diathesis, as he considered it the most frequent cause of scrofula. He also states that the operation of Dr. Richardson with the eyelet was a good one when there was a partial opening, but he still preferred the one described in his paper, where there was an entire adhesion, namely, paring off at least one quarter of an inch of the soft palate from each side to the uvula, cauterizing the edges thoroughly and using the greased pad, as described above.

Extra-Uterine Pregnancy.

At the meeting of the Medical Society for February 1st, the subject for discussion was upon extra-uterine pregnancy. After the report of some cases the following discussion occurred:

Remarks by Dr. I. S. Stone.—Dr. Stone said that from the reports of most operators it was agreed that if the diagnosis were not made before the hemorrhage, it was almost impossible to determine an extra-uterine pregnancy by a pelvic examination after the rupture of the cyst. The best way to act in such cases is to credit the history and the sudden collapse and make an exploratory incision. We should operate because we believe the patient is bleeding to death. If hemorrhage occurred in any other part of the body, we would try to tie the bleeding vessel. The ruptured vessel has been tied and the patient saved in a number of cases. Tait states that it is almost impossible to diagnose an extra-uterine pregnancy before the rupture of the sac. Our only hope in such cases is to operate for symptoms In reply to a question from Dr. J. T. Howard, Dr. Stone said that the mortality resulting from such hemorrhages is proportion-

ately large to that occurring in other parts of the body.

Remarks by Dr. A. F. A. King.—Dr. King said that Tait had saved twenty out of twenty-one cases in which he had operated after the rupture had taken place. Dr. Stone was right about the impracticability of making a satisfactory manual examination after the rupture has taken place; and the collection of blood will also obscure the diagnosis. He thought we should operate for symptoms, especially when we saw the woman's life in jeopardy.

Remarks by Dr. T. C. Smith.—Dr. Smith believed some cases were favorable for immediate operation, while others must be let alone, because the hemorrhage is so great that they would die during the operation. If the hemorrhage is into the abdominal cavity the chances are against recovery, but if it is into the broad ligament there is hope.

Remarks by Dr. J. W. Bovee.—Dr. Bovee said the profession was still at sea in regard to extra-uterine pregnancy. Tait's cases were secondary operations, which are not attended with a high mortality. The mortality is greatest in primary rupture and depends much upon the seat. The opinions of different writers and operators differ. As to the diagnosis before rupture he would say that it had been made in numerous cases, especially by those who used electricity so successfully. A case in which he was interested was diagnosed in the ninth week, some time before the cyst ruptured.

Remarks by Dr. J. Taber Johnson.—Dr. Johnson said that collapse had been so marked in most of the cases which had occurred in this city that the physician had been afraid to operate. A vast majority of the cases rupture into the abdominal cavity, so if laparotomy were performed and the bleeding vessels tied the successes would be very great. Tait had performed fifty primary operations, and had lost but one; and Price had operated on ninety within a week of the rupture, and had not lost one. With such results as these, we could soon educate the physician to try to relieve a deadly condition, and the laity would soon be educated also. The operation itself is easy, and might prove successful in a vast majority of apparently hopeless cases; hence it is our duty to advise operating, and let the friends oppose it. In other fields of practice, if a remedy was beneficial in one-tenth of the cases we would give the other nine-tenths the benefit of it. In conclusion he gave the details of a case of extra-uterine pregnancy which had but recently occurred in his own practice. The pregnancy was advanced to the seventh month, and the operation was performed under the most unfavorable circumstances, simply to give the woman the only chance. The operation proved a very difficult one, and the patient never regained consciousness after the operation, although she lived twenty-two hours.

Postnatal Atelectasis.

At the meeting of the Medical Society of this city for February 1st, Dr. S. S. Adams read a paper on "postnatal atelectasis." The synonyms for this affection are: Collapse of the lung, fetal condition of the lung, atelectasis acquisita, etc. This disease is a condition of the lung in which the once inflated alveoli became empty and collapsed from partial or total absence of air in them. It occurs in weakly infants and young children and varies in extent from a few lobules to an entire lobe. It is claimed by some that it is a common condition in foundlings and in wasted infants who die during the first year of life. The predisposing causes are such as weaken the constitution, while the existing causes are such as prevent the air from entering the alveoli and permit them to collapse after the residual air has been rarified, absorbed or expelled and may be classified as intra and extra thoracic. The most frequent cause of the intra-thoracic is bronchial catarrh. It may also be caused by whooping cough, measles, effusion into the pleura or pericardium, and by the lodgment of foreign bodies in a bronchus. Among the extra-thoracic causes are spinal curvature, deformity of the chest wall, constricting clothing, tumors or fluid in the abdominal cavity, etc. The disease is often confounded with pneumonia. The respirations are shallow, rapid and varying from 60 to 90 per minute and their

ratio to the pulse is lost. Inspiration is slower and more difficult than expiration, and is followed by a pause. Retraction of the chest wall varies with the extent of the collapse. The vesicular murmur is feeble or absent. Bronchial breathing and bronchophony may be present. Dullness is usually found at the base of the lung posteriorly, but is often slight or entirely absent. The duration of life is uncertain and in some it is surprisingly long. Some die very early from asphyxia or in a convulsive attack, while others linger for weeks or months to die of slow asphyxia or exhaustion. In pneumonia there is a high temperature, while in this disease there is a normal or sub-normal temperature. There are no specifics for the cure of this disease. The different phenomena must be met promptly and energetically, and the earlier the condition is recognized and treated the more favorable the prognosis. As atelectasis is secondary to some other pathological condition the indication is to direct the treatment to the removal of the latter. If due to pressure, either internal or external to the thoracic cavity, it should be removed or modified. If due to obstruction of a bronchus the aim should be to dislodge it. As this latter is usually caused by a plug of ropy muco-pus it may be removed by active emesis, which may be produced by teaspoonful-doses of syrup of ipecac or one to two grains of sulphate of copper dissolved in water and administered every ten or fifteen minutes until the infant vomits. Cardiac and respiratory depressants, especially preparations of opium, should be scrupulously avoided, while cardiac and respiratory stimulants must be judiciously administered. The force of the respiratory movements can be increased by 1-300 to 1-200 of a grain of atropia sulphate, which stimulates the respiratory center. The cardiac stimulants of most importance are the tincture of strophanthus, tincture of spartein, nitro-glycerine, camphor, musk and carbonate of ammonium. Brandy in maximum dose for the age, frequently repeated, is one of the most efficient stimulants. In convulsions, the hot mustard bath is indicated. The prognosis is always grave and recovery is extremely rare on account of the low vitality of the infant.

Remarks by Dr. S. C. Busey.—In opening the discussion on Dr. Adams's paper, Dr. Busey said that postnatal atelectasis was a disease which demanded immediate attention and should be thoroughly discussed. Never before within his recollection had this disease been brought into the Society as a distinct entity, but now Dr. Adams had presented it comprehensively and succinctly. It is a disease which mainly affects infants, and is frequently seen by those having charge of foundling asylums and maternity hospitals. It is one of the most frequent causes of early deaths in infants in such institutions—usually occurring within forty-eight hours after admission; that is, it is superinduced by neglect and other circumstances surrounding the foundling. While this cannot be said to be a common disease, still it is seen often enough to require attention. It should also lead us to study the chest deformities of rickets with which it is usually associated in young children. The area of such deformities is to a certain extent the measure of life and the condition of after-life. It must also be studied with relation to other diseases, especially the acute inflammatory conditions of the upper air-passages, as membranous croup. In this disease the asphyxia is more often due to pulmonary collapse than to stenosis of the upper air passages. In laryngeal stenosis the asphyxia is due to diminution of the respiratory area, and recession of the chest-wall follows. It is true this condition had often been referred to in this body in connection with the pulmonary diseases affecting children, but not in the light in which it had recently been considered. He had explained the mechanism of pulmonary collapse in catarrhal pneumonia.

Remarks by Dr. H. L. Hayes.—Dr. Hayes referred to an article by Eustice Smith in which it was claimed that postnatal atelectasis was very frequently seen in rickety children and in those suffering from whooping cough. It is difficult to distinguish it by the physical signs when it is situated in the deeper parts, but it may be differentiated from pneumonia by its sudden onset and the absence of fever.

Therapeutics of Thiol in Skin Diseases. At the meeting of the Medical Society of this city for February 8, Dr. T. H. McLaughlin read a paper, entitled "Some Notes on the Therapeutical Action of Thiol in the Treatment of Skin Diseases." During the past few years a preparation called Ichthyol has been extensively employed in the treatment of various dermatological lesions. It is a product of distillation from the deposits of prehistoric fish and marine animals. But it has failed to meet all requirements on account of its odor.

Thiol is preferable over ichthyol for many reasons, principally because of its chemical purity and consequent freedom from all toxic dangers. Thiol is also superior in that it can be produced in dry form, either in scales or powder. It is readily soluble in water, and partly dissolves in alcohol and ether. Thiol has been employed in the treament of eczema of the nares, of the face and ears. Dr. McLaughlin is a firm believer that water is one of the most irritating applications that can be used in eczematous eruptions. In acne vulgaris, powdered thiol, one to two drachms to the ounce of lard, gives very satisfactory results. In mild cases of acne rosacea it appears to have a controlling influence. In herpes zoster the surfaces were painted twice a day with a solution of two drachms of thiol to the ounce of water and then covered with absorbent cotton. The distressing symptoms soon subsided, and the vesicles soon disappeared. In herpes progenitalis the vesicles are dusted several times a day with the thiol, or a solution of thiol, thirty grains to the ounce of collodion, was applied with a brush. One such application has frequently been all that was required. In furuncles and in one case of carbuncle it appears to lessen the tension of the tissues, allays the pain, and checks the suppuration. In contused wounds it is exceedingly serviceable, reducing the pain and promoting absorption.

Thiol possesses the following advantages over ichthyol: It is odorless; it is non-irritating; it can be readily renewed from the surface; it does not stain the clothing; while all the desirable therapeutical properties possessed by ichthyol may be claimed for thiol.

The paper will be published in full in the *Virginia Medical Monthly.*

Remarks by Dr. C. W. Franzoni.—Dr. Franzoni said that one of the cases referred to by Dr. McLaughlin had been under his care. It was an attack of acute eczema which resisted all his efforts. He finally called Dr. McLaughlin to see it and he advised the use of thiol. The disease promptly yielded and the patient is nearly well.

Remarks by Dr. Wm. Ward.—Dr. Ward had used thiol in herpes zoster and it had given speedy relief. He had used it with success in two cases of eczema. He was opposed to the wet dressings in eczema.

Remarks by Dr. McLaughlin.—In closing the discussion, Dr. McLaughlin said that in the treatment of diseases of the skin special attention was given to hygiene, diet, and the general physical condition. In reply to a question concerning the value of thiol in ichthyosis, he would say that it has no permanent beneficial effect, but simply softens the scales, which ichthyol would also do.

The Ileo-Cæcal Valve; Its Function, etc. At the meeting of the Medical Society of this city for February 8, the editor of this journal gave the essay for the month. The subject of the paper was: "The ileo-cæcal valve; its function, and its relation to intestinal irrigation and rectal alimentation." The first point to which attention was called was that the longitudinal muscular fibers and the peritoneum are continued uninterruptedly across from one intestine to the other. Gray says: "When these fibers are divided or removed, the ileum may be drawn outwards, and all traces of the valve will be lost, the ileum appearing to open into the intestine by a funnel-shaped orifice of large size." The function of this valve is thus well described: "When the cæcum is distended the margins of the opening are approximated so as to prevent any reflux into the ileum." The ileo-cæcal valve forms a complete guard to the passage of any matter from the large to the small intestine. The proofs of this are as follows: First, a careful study of the anatomy of this valve, and the relation of the segments of the valve to each other and to the surrounding parts, will result

in but one conclusion, viz., that when the large intestine is distended it renders the fixed borders of the segments very tense, and this causes their free edges to approximate very closely. Second, the statements of the most eminent physiologists, whose words on all other questions are accepted as authoritative, and whose opinions are based largely upon experimental research. A number of writers might be quoted on this point, but the following will suffice: Professor Martin of Johns Hopkins says this valve "is so disposed as to allow matters to pass readily from the ileum into the large intestine, *but not the other way.*"

Third, clinical data. The writer attempted to show how clinical facts, apparently in opposition to his views, could be reconciled with them. No doubt "when the pressure against the cæcum was sufficiently prolonged," water would pass this valve from below up. This prolonged pressure causes a temporary paralysis of the longitudinal muscular fibers which extend across from the cæcum to the ileum and "all traces of the valve are lost." In strangulated hernia there is no proof that the stercoraceous vomit comes from the colon, as intestinal matter may acquire the fecal odor before it reaches the colon. A number of authorities were quoted to show that stercoraceous vomit is not derived from the large intestine. In cases where enemata have been vomited, two things must be considered: First, fraud, and second, a diseased valve. A case was cited showing the former and authorities quoted to prove the latter.

In rectal alimentation, the writer showed that even if the nutrient enema could pass just through the valve, there was no reason why it should be moved further up the canal, as the physiological fact was undisputed that stimulation of the large intestine causes no movements of the small. The histology of the mucous membrane of the large intestine was compared with that of the small, and the conclusion drawn that the glands in the former might secrete a juice not unlike that secreted by the latter, the succus entericus. The paper closed with the following five conclusions:

1. The ileo-cæcal valve is a complete barrier to the passage of material from the large to the small intestine.

2. Its imperfect action is accounted for by paralysis of the longitudinal muscular fibers extending from the ileum to the cæcum; and by a diseased condition of its edges.

3. In cases of strangulated hernia, the vomited matter does not come from below the ileo-cæcal valve.

4. Washing out the large intestine will not cause an evacuation of the contents of the small intestine.

5. Nutrient enemata do not pass into the small intestine. If necessary for absorption, undigested material can be digested while in the large intestine.

Remarks by Dr. S. C. Busey.—Dr. Busey said he had paid particular attention to the interesting paper. He was not prepared to dispute its physiology, but his clinical experience and results led him to draw different conclusions from those of the essayist. The claim that the ileo-cæcal valve was impervious to the upward flow of liquids had been disproved by actual experiments upon animals. He was glad he could confirm the theory of nutritive enemata, for he had himself sustained life for fifty days by them, while others had done so for a period of sixty days. The claim that no fluid passed the valve, and that such cases were frauds, had been disproved by the experiments of Campbell. The colored fluid used by Campbell was found some days after its injection by stains upon the walls of the small intestines. He sustained life in kids a number of days by rectal enemata, and called it inhaustion. Senn's experiments for the detection of gunshot wounds have established the fact beyond dispute that hydrogen gas thrown into the large intestine will escape from the small intestine and can be ignited at the point of entrance of the bullet. Senn claims that a certain amount of pressure renders the valve pervious. Dr. Stowell begged the question when he referred to strangulated hernia. Why did he not refer to intussusception? Water injected into the rectum had escaped from the mouth. Battey has filled the small intestines. Langer has inflated a woman's intestines. Many cases of supposed intussusception

have been relieved by pressure from below exerted by fluids and gases. We all know that rectal enemata will evacuate the small intestines. In inflammation of the cæcum the small intestine may often be emptied by rectal enemata. He did not think anyone would claim that irrigation of the small intestine is impossible. Dr. Stowell said that if fluids do pass it indicates that the valve is diseased. Dr. Busey did not think this was always the case but rather thought the valve was inverted by the pressure from below.

Remarks by Dr. C. W. Brown.—Dr. Brown said he had had many cases in which he had passed the fluid above the ileo-cæcal valve, and had resorted to nutritive rectal enemata and the patient had tasted the fluid.

Remarks by Dr. Wm. C. Woodward.—Dr. Woodward said that if Dr. Stowell's theory as to the mechanism of the backward passage of fluids into the small intestine be correct—viz., a paralysis of the longitudinal muscular fibers of the intestine due to prolonged stretching—we may expect to find the ileo-cæcal valve patulous in all cases post-mortem, since in these cases there is a complete paralysis of these fibers. Such, however, is not the case. On a fresh specimen of the parts involved, Dr. Woodward had filled the cæcum and a part of the descending colon with water and found that a rapid outflow was prevented by the valve. Yet there was a constant dribbling through the orifice. He believed, therefore, that if the regurgitated fluid is only discoverable in the small intestine after forced and slowly-administered enemata, it is because of the slowness with which it finds its way through the ileo-cæcal opening, and of the difficulty of recognizing its presence in the small intestine before it has accumulated in considerable quantity. Hydrogen is used, as mentioned by Dr. Busey, because of its extreme diffusibility. By virtue of this property it will readily pass in large quantity through an opening which will admit of but a tardy passage of denser materials. It is not to the point to state that regurgitation does not occur in strangulated hernia because the mechanism of regurgitation in this condition would not be the same as in regurgitation due to pressure from the large intestine. In the latter case it is due simply to an abnormal increase in the pressure from the cæcal aspect of the valve, while in the case of hernia, if regurgitation does occur, it must be due to a decrease of pressure in the small intestine, associated with and due to a perverted muscular action of this bowel. Because fluid does or does not pass from the cæcum into the ileum in this pathological condition, it does not follow that the same is true under normal circumstances.

Remarks by Dr. I. S. Stone.—Dr. Stone read the following clipping from the *British Medical Journal.* It is given by the author of "The Compleat Practice of Physick," London, 1665, p. 285:

"Matthew de Gradi reports of a girl, 12 years old, who in this disease (iliack passion) for three days together did not only vomit up Dung and Clysters, but also a long Suppository, a short time after it was administered to her; and when another Suppository was tyed to her Thigh, that was presently broken off, and vomited up with a piece of the Thred at it; and when, Thirdly, a Suppository was tyed with four strong Threds as before; that also was broken off, and vomited up with part of the Threds; and at length, when the Mother, as desired by the Physitian to administer another, it was drawn upward with so much violence, that she was constrained suddenly to draw it out least it should be again vomited up." Lind, in his *De Scriptis Medicis*, says that Johannes Matthæus de Gradibus died in 1460.

Remarks by Dr. D. S. Lamb.—Dr. Lamb said that some time ago, when looking up this subject, he had seen the case just cited by Dr. Stone. While there are a number of cases of this character, he was skeptical as to solids passing the valve. That a reflux of fluid did take place he accepted and would admit a paralysis of the longitudinal fibers; but he also claimed that distention of the bowel rendered a separation of the valve not only possible, but also very probable.

Remarks by Dr. J. Taber Johnson.—Dr. Johnson said he was pleased with Dr. Stowell's explanation of rectal diges-

tion and alimentation by collateral development, because it was the only one that would make us accept his theory of reflux.

Remarks by Dr. Stowell.—In closing the discussion Dr. Stowell said that he was much interested in the experiments of Dr. Campbell, and believed they were honestly performed. Neither had he any objection to their being performed on the kid. Dr. Campbell, however, performed his experiments to prove that nutrient enemata were carried, by an anti-peristaltic action, at once through the ileo-cæcal valve into the small intestine, where they were digested. The fact that Dr. Campbell succeeded in pushing his colored mixtures through this valve could be explained, either as stated in the paper, by a stretching of the longitudinal muscular fibers, which extend from the large to small intestine, and as stated, thus obliterating for a time the ileo-cæcal valve; or, explained by the expansion of the large intestine, drawing the folds of the valve apart, as suggested by Dr. Lamb. He could see no reason for supposing that enemata should be so carried by this *anti*-peristaltic action, an action contrary to that usual to nature, when there was no necessity for it. He had shown that some digestion could take place in the large intestine, as cited by well-known authorities, and there was no reason for not believing that the glands in the mucous membrane of the large intestine might not, when stimulated by the presence of albuminous foods, secrete a juice not unlike that secreted by analogous glands in the small intestine. The anatomy of the ileo-cæcal valve was against the idea that material passes it from below up; the experiments of the laboratory are in quite general accord with this view; while there is no necessity for this view to be changed, in so far as any of the facts connected with rectal alimentation are concerned.

Prescription for Earache.

From a recent journal we gather this prescription for earache:

℞. Menthol.....gr. xx
Gum camphor.....gr. xx
Liq. albolene.....℥i.
Misce. Sig.—Drop into the ear several times daily.

If pus be found, wash out the external ear before using. The author of this is Dr. John Dunn of the Richmond Eye and Ear Infirmary.

Book Reviews.

A System of Genito-Urinary Diseases, Syphilology, and Dermatology. By various authors. Edited by Prince A. Morrow, A.M., M.D., clinical professor of genito-urinary diseases and formerly lecturer on dermatology in the University of the City of New York. Surgeon to Charity Hospital, etc. Fully illustrated. In three volumes. Vol. I., Genito-Urinary Diseases. Sold by subscription only. Price, $6.50 per volume in cloth; $7.50 in sheep. D. Appleton and Company. 1893.

It would appear that publishers are realizing the fact that the science of medicine has developed to such a degree that no single individual can furnish what is required for even one of its departments. This would seem to be true because of the great success of the various "systems" and "cyclopædias" which have appeared within the past few years. At any rate here is a work of three volumes, the first of which, devoted to genito-urinary diseases, and consisting of nearly 1,100 pages, is written by thirty-two contributors. It goes without saying that each of these is a man well known in this special field of labor. The only criticism we have made on these systems of medicine is due to the overlapping of the subjects, a fault caused by the laudable desire of each writer to make his own article very complete. But after a careful examination of the volume before us we can discover no such error. The work is continuous and yet utterly devoid of repetition. It strikes us as a volume thoroughly practical in its teachings, useful for the general practitioner and comprehensive enough for the specialist.

We notice but little space devoted to historical review, while the diagnosis and treatment are each presented in a most complete manner. Much new material is found in this volume, such as: "Functional disorders of micturition"; "Diagnostic significance of pathological modifications of the urine"; "Urogenital tuberculosis," etc. There is an exhaustive presentation of the latest knowledge of the endoscope and cystoscope, and of their value as aids to diagnosis and treatment. There are eight full-page chromo-lithographs, while each chapter is fully illustrated with finely executed half-tones and wood-cuts. As the work is sold only by subscription our readers will soon have the opportunity

of examining it for themselves. The simple but practical question of dollars and cents is the only one that will prevent the agent from securing an order from each one interviewed, as it is altogether the most comprehensive work of the kind that has come to the notice of this journal.

MINERAL SPRINGS AND HEALTH RESORTS OF CALIFORNIA. By Winslow Anderson, M. D., joint editor and publisher of the *Pacific Medical Journal*. Large 8vo, pp. 385. Illustrated. Price $1.50. Published by the Bancroft Company, 721 Market Street, San Francisco, Cal. 1892.

This work is the Prize Essay of the Medical Society of the State of California. It contains a complete chemical analysis of every important mineral water in the world. The uses of these mineral waters are fully described; while the conclusion is reached that California has as good mineral springs as can be found anywhere in the world. Many of the California springs are almost identical in composition with the most noted European spas. A detailed description is given of over 300 California springs, with routes of travel, surrounding country and scenery. Every known mineral spring and health resort in California is fully described and illustrated. The birth and growth of this great State is set forth, while the health of its principal cities is compared with that of all the large cities in the world. There are also several original poems contributed to the work.

THE POPULAR SCIENCE MONTHLY FOR MARCH.

This journal, always so interesting to physicians, contains in the March number two articles of unusual interest. The one on "The Story of a Colony for Epileptics" is of great value to all who desire some additional facts concerning this malady. The other article on "Palæopathology" treats of pathological conditions found fossilized in the remains of extinct or fossil animals. The article is illustrated with pathological conditions of bones thus discovered.

DISEASES OF THE CHEST, THROAT AND NASAL CAVITIES. By E. Fletcher Ingals, M. D.

In our review of this work last month we omitted to state that it was published by William Wood & Co. of New York.

MASSAGE, AND THE SWEDISH MOVEMENT CURE. By Emil Lindgren, of the Georgetown University. Pp. 15.

DIRECTORY OF THE SCIENTIFIC SOCIETIES OF WASHINGTON.

Letters to a Young Physician. Number 13.

MY DEAR DOCTOR:—As you desire to know how I answered some of the letters which I said in my last letter to you I had received, I will state that to the young woman who wished to enter the medical profession I said: If any woman desired to study medicine, and was willing to engage in her studies upon exact terms of equality with the men, asking no favors and expecting none, then certainly no man could raise any objection. In other words, I told her that if any woman desired to study medicine no man should object. But as she asked my advice whether she should begin or not, that was entirely another question. I believe some persons feel "called" to the practice of medicine as truly as any are called to the ministry. They feel it their solemn duty to engage in the work. Failure to do so would be to them a grievous sin and a shrinking from responsibility. They see here such wide fields for doing good, either in home lands or in fields of missionary labor. To my mind there is no such opening for philanthropic work to those suited for it as is presented to the young women of to-day who can enter mind, heart and soul into missionary fields as medical workers. With such high motives shall any of us do otherwise than use all the talents we possess to further them in their work? But for the woman who is about to study medicine as a trade we have but little sympathy, and should try to persuade a friend to look elsewhere. She will surely be disappointed, for her life will be one of ceaseless trial and annoyance. If, however, she desires to pursue her work for the love of the knowledge, or for the purpose of making her a better teacher, then what objection can be raised and why should she not be encouraged? In deciding the question, therefore—should a woman study medicine—the motive and the object must be first made clear; for, to my thinking, questions enter into this problem which are not present in the case of man. This, you see, does not touch upon the question of co-education in medicine, which is an entirely outside matter.

Very sincerely yours,

THE REVIEW.

THE
NATIONAL MEDICAL REVIEW.

VOL. II. WASHINGTON, APRIL, 1893. No. 2.

THE EDITOR'S TABLE.

Useless Vivisections.

How many vivisections have you seen? This is the usual question the medical student asks of the student of another college. Then follow competing tales of what "our professor" has done. The verification of the two old pigeons that have long illuminated the pages of a well-known physiology has been actually witnessed by them both, while they equally agree that a dog cannot protest, when tortured, after the vocal cords have been cut! We would not speak ill of a method that has brought so much aid to medical science were it not true that there is to-day an immense amount of absolutely useless experimenting. The medical student has too often a craving for the sight of blood. It proves more of an attraction for him than the skill of the operator. That strychnia causes convulsions he well knows; his teacher says so, and he reads of it in his therapeutics. But how much better pleased is he to see the cat or rabbit in the very midst of the "physiological demonstration." Now all this is useless and, therefore, unwarranted.

Vivisection Prohibited.

We would not think for a moment of prohibiting the practice of experimenting on animals. But men should be educated to see the uselessness and the wrong of practicing it, except when knowledge is to be gained or imparted thereby, which could not be accomplished by simpler methods. Therefore, we would say that no vivisection should be performed simply to illustrate well established and universally acknowledged truths. We would even go further, and would declare that vivisection is not justifiable when performed by inexperienced men, with no definite object in view. Results obtained by them are useless because of their inability to eliminate sources of error which their lack of training did not enable them to discern.

Man and the Lower Animals.

Who has not often been astonished at the keen intelligence of the dog? Who has not seen him rejoice at the faintest smile of his master and grieve at the stern word or frowning look? And yet we are forced to add, if much time has been spent in a physiological laboratory, who has failed to see a great deal of useless pain inflicted on this very same sensitive creature? Mind, we say *useless* pain! Vivisection is necessary, but the torturing of animals is not. As it should be practiced, there should be nothing in it to condemn, and much, very much, in it to praise. This being the case, the present efforts, now very active in certain quarters, of the anti-vivisection societies would speedily come to naught.

Recent Results of Vivisections.

In the hands of such competent men as Goltz, there is no telling what may result from his intelligent and bril-

liant experiments on living animals. He has just succeeded in removing both cerebral hemispheres from several dogs without fatal results. Three dogs lived for a considerable time after the operation; one, 51 days, another 92 days, and a third for eighteen months. The following important facts were noticed from observations on the third animal: The dog had to be fed forcibly for some time, but he soon learned to eat and drink as every normal dog does. He could hear, would bite and snarl if provoked, and had tactile sensation. He had some vision but did not recognize objects. The sense of smell was lost, but that of taste was unimpaired. There was entire loss of memory and all signs of intelligence had disappeared. It is the strongest and latest illustration of how highly the reflex mechanism may be developed.

Working Against Odds.

It does certainly appear that many young men have to contend with fearful odds when they begin their professional career. It is also true that in many cases years and years are required to remove these obstacles so that there is anything like a fair chance to show skill and adaptability to the work in hand. Perhaps there are two consolations in all this: First, when success is at last achieved it is all the more appreciated and enjoyed; and second, there have been many more in the same situation, are many in it still, and this will always be the case. We might call the attention of the one who feels discouraged at the outlook to a few facts: Three of the greatest poets were blind—Homer, Ossian, Milton. Who has not been charmed by the story of "The Conquest of Mexico?" Yet Prescott never saw the country. Alexander Pope was a confirmed invalid. All schoolboys know the story of how Demosthenes conquered the lisp of his own speech. The physical defects of Lord Byron and Sir Walter Scott are familiar to us all. In fact, how many of the world's greatest writers, orators and heroes have had something to hold them back or pull them down? If the odds are against us let us accept the challenge and enter the race to win.

That Pepsin Question Again.

We were not only surprised but also greatly delighted to receive the letters which are given below, bearing on the "pepsin fallacy." Some of our readers have informed us they accepted our views, while others have taken an opposite stand. Our March number contained the opinion of a manufacturer of pepsin which is hardly in accord with that given in this letter. We believed we were right in theory at least; and now we are more than pleased to find such a large house indorsing our position. Hereafter we trust the druggists will find, on prescriptions calling for pepsin, the strength of pepsin desired. For it must be clear now that there is a direct ratio between the dose and the strength. As we have the infusion, tincture, fluid extract, and isolated active principle of digitalis, so we have pepsin varying in its power to a corresponding degree. As physicians are not in the habit of prescribing simply "digitalis," so they should not prescribe simply "pepsin." The following are the letters to which we refer:

Letter from Parke, Davis & Co.

"We are very much pleased by your efforts to unravel that complicated knot, 'the pepsin question.' No one more than the legitimate manufacturers can wish to see it properly understood by the medical profession.

"As forcibly illustrating the relationship of strength to quality and commercial value, we quote the following refer-

ence from our price list of February 25, 1893:

"Owing to the arbitrary standards of strength adopted by various manufacturers of pepsin, buyers and consumers are ofttimes confused as to the actual value of a given product. In order to meet the demand for different strengths and to overcome the above difficulty, we have decided to market a line of aseptic pepsin, in both scale and powdered form, ranging in strength from one to fifteen thousand, which we offer at the uniform price of $4.00 per pound, per thousand digestive power.

"In other words, we sell a one-thousand pepsin at $4.00 per lb., and fifteen-thousand at $60.00 per lb.

"Very truly yours,

"PARKE, DAVIS & Co."

Letter from Sharp & Dohme.

"We can readily understand why your recent 'pepsin fallacy' editorial has elicited so much comment. Your presentation of facts is always happy, and in this instance exceptionally so. That the manufacturers of pepsin whose digestive powers have been widely lauded as 'the highest obtainable' should take exception to a critical comparison of their products with Webber-Pepsin is not surprising.

"You have cleverly illustrated the 'pepsin fallacy'; may we not expect you to present the 'pepsin reality'? The essence of the 'pepsin reality' is, all other features being duly considered, digestive power—actual cash value of the product. As a solution of this commercial feature an equable adjustment of the list price has been suggested by which all pepsins shall be listed at the rate of $4 per pound for every 1,000 grains digestive power. At this rate a 1:1000 pepsin would be listed at $4 per pound, a 1:2000 pepsin at $8 per pound, a 1:4000 pepsin at $16 per pound, etc.

"Taking this as a basis of calculation, a 1:2500 pepsin should be listed at $10 per pound and a 1:6000 pepsin at $24 per pound. We shall, however, continue to list Webber-Pepsin S. & D., guaranteed standard 1:6000, at $21 per pound. Comment is unnecessary. *We claim*, and *prove our claim*, to supply the best and cheapest pepsin to our patrons, and this description fitly characterizes Webber-Pepsin S. & D. Trusting that your clinical experience with Webber-Pepsin is as satisfactory as that of all other investigators who have critically tested it, we remain,

Very respectfully yours,

SHARP & DOHME.

Letter from the Reinschild Chemical Co.

The following letter was received from the Reinschild Chemical Co., bearing the date of March 16:

"It is only a few days ago that our attention was called to a criticism which appeared in your journal on our circular which we issued to the medical profession. In regard to it we are frank to confess that the physician whom we intrusted with our entire literary work and setting up of circulars, has, to our great regret, deceived us. But we must correct a sentence in your article which says that we kept on sending out those circulars. This is not a fact, and we, immediately upon being informed, stopped all further issue of same, but of course could not recall those that had been previously sent.

"We regret this occurrence deeply, as there was no cause for us to accompany our articles with circulars that were not scientifically correct, as our articles were made by a man whose reputation is known all over the world, and who would not stoop to sail under a false flag. But not being versed in scientific research of this nature ourselves, we had to rely on somebody else, and to our misfortune

this person in whom we placed entire confidence has proven unworthy of it.

"We have to accept your severe strictures which you have placed upon our circulars, but as you correctly say, it was done unwittingly. We are innocent in the matter and hope that this letter will prove this fact to you and to your readers. As regards the articles themselves, you have justly left them out of your criticism, and we are proud to say that we can challenge any tests, may they be ever so severe, on the merits of the same. We hope that you will give space to this answer in your respected journal, which alone will rid us of this stigma which others brought upon us."

Comments on the Above.

We have had a personal interview with Mr. Reinschild and are convinced that he has been greatly deceived by his pseudo-scientific professional friend. He relied completely upon the integrity and ability of this man and did not even use his own powers of observation to corroborate said work. We must confess to a blush of shame that a member of our own profession could be found who would so impose upon the ignorance of others. We say ignorance because Mr. Reinschild lays no claim to being posted on histological and physiological matters. It is a good commentary on the modern methods of young, untrained upstarts who suddenly pose before the public as the court of final tribution on all matters scientific.

Who is He?

A New York daily contains a dispatch from this city to the effect that one practitioner had four hundred new patients during the forty-eight hours following the fourth of March. The dispatch further says that said physician neither ate, drank nor slept during this entire time. This is nothing strange! Probably the physician is a recent comer to town; or he may be one of the poor, struggling kind; or may have just graduated! We would inform our New York friends that this is a common experience with the members of the fraternity here, to go without food or shelter for at least that length of time! The cause may not be always that indicated above, but the fact exists, nevertheless! The dispatch fails to mention that "owing to failing health this physician would sell his entire outfit, consisting of horse, carriage, instruments, good will, etc., for two hundred dollars, payments monthly." At least, we imagine he belongs to that too general class.

Death of Dr. William Lee.

During the past month the profession of this city has lost two of its best-known members, and the Medical Society two of its ex-presidents. Dr. William Lee was best known outside of our city as an earnest student and successful teacher of physiology. For many years he occupied this chair in the Medical Department of the Columbian University, and by his faithfulness and ability won hundreds of lasting friends and admirers. He had but entered that period of life when uttered words carry with them a sense of authority, such as comes from close application and long observation. He was in just that age when ripe scholarship impresses itself most upon the pupil. But in the fullness of a noble manhood, in the prime of a useful life, he entered into his reward.

Resolutions of the Medical Society.

At a special meeting of the Medical Society of this city, the following tribute was adopted:—

"The Medical Society of the District of Columbia wishes to put upon record the high estimation in which Dr. William Lee, formerly its Secretary and recently its President, was held as a member of

this body and of the medical profession. From the beginning of his medical career Dr. Lee was the type of the patient student of science, deriving all his pleasure from its pursuit and giving to it all the best years of his life and the energy of a strong and earnest character. By nature without vain ambition, he sought the things which many men do not prize, and if we may judge from the content and even tenor of his life, he had complete satisfaction in gaining and holding what he strove for. To learn the secrets of life and to be the means of imparting knowledge to others was the main occupation of his days, and following along the lines of patient study and still more patient teaching, he has won many a steadfast and grateful friend from among his many pupils.

"In his relations with the members of his profession he was distinguished for unvariable courtesy and geniality. His friendships were many and of the warmest character, and to nearly every one of us his loss is a personal one, not soon to be forgotten.

"We mourn his untimely death with sincerest sympathy for those nearest and dearest to him, and offer to them this slight token of the honor in which we will ever hold his memory.

"*Resolved*, That this memorandum be entered on the minutes and that a copy of it be sent to the family of Dr. Lee."

Death of Dr. Dan'l R. Hagner.

The death of Dr. Hagner removes one of the oldest members of the profession in this city. He graduated from the University of Pennsylvania in 1851, making this his forty-second year of unceasing toil. While the history of a people is always of the greatest interest, yet what could the history of such a life tell? The wonderful advances made in every avenue of life, and, by no means the least, the great achievements of modern medicine, all have crowded themselves into the lifetime of a single individual. Dr. Hagner was a man who appreciated all this and did not dwell upon a forgotten past, but lived in the present and worked for the future. His keen intellect made him alive to all that was new, while the old was readily laid aside if the new were only better. But what are all these when we think of the tender, precious memories that the hundreds of those to whom he has administered will ever cherish? A noble calling is ours.

Resolutions of the Medical Society.

At a special meeting of the Medical Society of this city, the following resolutions were passed:

"INASMUCH as the Medical Society of the District of Columbia has learned with deep regret of the decease of Dr. Daniel R. Hagner, one of its oldest members and formerly its President, who died in Washington, D. C., March 14, 1893: therefore,

"*Resolved*, That we hereby record our high appreciation of his numerous virtues, his great scientific ability, and his distinguished regard for the honor and dignity of the profession he so long adorned.

"*Resolved*, That in the death of Dr. Hagner the Society has lost one of its most accomplished members. Versed alike in the science and literature of medicine, he was at once a skilled physician, a successful clinical teacher and a most conscientious practitioner.

"*Resolved*, That we deeply deplore his loss, and beg to extend to his bereaved wife and relatives the assurance of our earnest condolence and most sincere sympathy, in testimony whereof we will transmit to his family a copy of the foregoing resolutions."

The Sphygmograph in Court.

The *Medical Record* for March 11 calls editorial attention to the value of the sphygmograph in court, and mentions a very recent case occurring in this city, where a sphygmographic tracing was exhibited to show the influence of tobacco. Dr. Irving C. Rosse, of this city, certainly scored a point in the discussion, and made clear the fact that, in the diagnosis of insanity, the sphygmograph is of no absolute significance; that it is a mere scientific toy, and that the results obtainable therefrom may be placed among the probabilities of science. The editor of this journal began to investigate the value of the sphygmograph some fifteen years ago and came to the conclusion after months of labor that so many problems entered into the question of obtaining a tracing, it was practically valueless when obtained.

Two Articles on Peroxide.

In the February number of this journal, page 187, we discussed the "peroxide of hydrogen question." We now notice in the March number of the *Pacific Medical Journal* an *editorial* of nearly a page in length which is word for word a reprint of our own article with about three lines added. We are glad the editor knows a good thing when he sees it.

Insurance Against Twins.

The above journal says that a society has been formed in London, the ostensible object of which is to insure married people against twins and triplets. A married man expected to become a father must deposit £5 to become a policy holder. In case the policy holder's wife has twins he will receive £50; and in case she has triplets, he will get £75. This leads us to remark that an acquaintance once said to us that if he should ever be the father of a boy he would give his wife a thousand dollars; if the father of twin boys, she should have five thousand; but if the father of triplets he should seek for a divorce!

Encouraging Words.

In sending us a renewal of his subscription, a well-known physician of this city says some very pleasant things, and closes with these words: "The last number should be the cause of at least fifty additional subscribers sending you their names, on account of your outspoken reference to frauds, etc."

"The Most Interesting Reading."

The following is from an out-of-town subscriber who sends us two dollars for Vols. I. and II. He says:

"I have just finished Vol. I. of your REVIEW—read it at a single sitting. I cannot resist the temptation of saying to you that it was the most interesting reading I ever struck inside the covers of a medical journal."

Phenacetine. Some of its Uses.

We believe it is generally recognized that phenacetine is one of the most valuable of the recent additions to our materia medica. In an editorial in the last number of the New York *Medical Times*, attention is called to the discussion of the action of phenacetine in pneumonia at the last meeting of the American Medical Association. The conclusion was that phenacetine was not objectionable as an antipyretic, as it does not affect the heart unfavorably, "a conclusion," the editor says, "which has been fully verified in our own practice. Of all the new class of antipyretics, phenacetine is undoubtedly the safest and best."

Phenaceto-Caffeine, a New Effervescing Salt.

Our attention to the value of phenacetine as an antipyretic and analgesic was first called by Dr. T. E. McArdle of this city. Since then we have had frequent opportunity to observe its effects. Acting upon such advice we corresponded with William R. Warner

& Co., with reference to their making an effervescing salt which should contain this valuable drug. We submitted the following formula as containing the proper amount of each ingredient in a dessertspoonful of the salt:

℞. Phenacetine.....grs. iij.
Caffein ....gr. i.
Sodii Brom.....gr. v.
Celery .....gr. j.

It might be stated that the extract of celery was added largely to impart to the mixture a pleasant flavor. We have received a few bottles of the salt and are pleased with it. We understand Mr. Warner will add the same to his list of other effervescing salts. We make free to call attention to this as we have not the slightest financial interest in it. Probably a card to Mr. Warner would bring a sample for trial.

THE PROGRESS OF MEDICINE.

Diphtheria with Intercurrent Varicella.

At the meeting of the Medical Society of this city for February 15, Dr. George N. Acker reported a case of Diphtheria with intercurrent Varicella.

Remarks by Dr. O. M. Muncaster.—Dr. Muncaster was called into the country to see a supposed case of scarlet fever and diphtheria. He found a membranous deposit in the throat and nares, and also a suspicious eruption which he thought was varicella. Dr. Lincoln was called in consultation and he thought it was either varicella or variola. The case made a slow recovery.

Remarks by Dr. C. G. Stone.—Dr. Stone had seen a number of cases of varicella accompanied with a suspicious looking sore throat; they resembled diphtheria, but he considered them grip sore throats. He believed, further, that grip could be aborted, as he had been able to do so on many occasions. For this purpose he administered calomel and quinine and followed it with citrate of magnesium. In the treatment of diphtheria he had great faith in the ferric chloride and potassium chlorate; and locally he had obtained good results with sprayings of peroxide of hydrogen.

Remarks by Dr. F. Sohon.—Dr. Sohon asked Dr. Acker if the diagnosis had been made from a macroscopic examination or by tests for the bacillus. He referred to a case of diphtheria which he had seen with Dr. Moran, in which erysipelas made its appearance and the diphtheria ceased—a proof of the antagonism of these two diseases.

Remarks by Dr. E. L. Morgan.—Dr. Morgan had recently seen a case similar to Dr. Moran's except that the erysipelas did not abort the diphtheria. In this case the disease was protracted and the paralytic symptoms did not become manifest until a month after the local symptoms had disappeared.

Remarks by Dr. C. W. Brown.—Dr. Brown said that he had seen cases of membranous sore throat which were not diphtheria, but were accompanied by chills, pains and other severe symptoms. He recalled two cases of varicella in which there were redness of the throat and swelling of the cervical glands, but no diphtheritic deposit.

Remarks by Dr. S. S. Adams.—Dr. Adams had been called into the case by Dr. Acker, but death was too near at hand to attempt to examine the child's throat. From the appearance of the glands and general expression he was satisfied with the diagnosis given. As to the diagnosis of varicella, there was no question about that being correct. While it is true there are vesicular eruptions which simulate varicella, it is also true that the diagnosis is easily made when the vesicles are found in the hairy scalp. He thought Dr. Acker was right in not attempting to force local applications upon this child. More harm than good results from attempts to make local applications to the diphtheritic throat of a resisting child. If we succeed, it is at the expense of the heart's action. It is far better to depend upon food and stimulants and let the patch take care of itself. He had used all the solvents, but

the membrane quickly returned. The differential diagnosis between diphtheria and follicular tonsilitis is not always so easily made. He had recently seen several cases of this kind.

Remarks by Dr. O. M. Muncaster.—Dr. Muncaster said he also believed in constitutional as well as local treatment. The constant inhalation of steam, impregnated with lime—as constantly boiling water with slaked lime in it—had a beneficial effect upon the membrane.

Remarks by Dr. S. S. Adams.—Dr. Adams said it had been demonstrated over and over again that there was no lime in steam. He too agreed that the steam had a beneficial effect upon the membrane.

Remarks by Dr. J. W. H. Lovejoy.—Dr. Lovejoy said it had been clearly demonstrated that steam from boiling water containing lime was without lime. There were different grades of diphtheria as there were different types of other diseases. In some there is little evidence of illness and recovery takes place rapidly, while others not only do not yield to treatment, but prove to be rapidly fatal. When smallpox is raging the differential diagnosis between it and varicella is often difficult; but under other circumstances the vesicles are distinct and differentiation is easy. He did not think it necessary to find the germs to diagnose diphtheria. The bacteriologist is claiming too much nowadays, and we would lose valuable time if we suspended treatment until they make their report. He did not think any treatment of diphtheria superior to the ferric chloride and potassium chlorate. He thought the child should be treated locally, as by dissolving the membrane we removed the foci of disease. Trypsin is one of the best solvents. He would also use solvents in the nose if it were implicated.

Remarks by Dr. I. S. Stone.—Dr. Stone said that his son had had varicella, with an eruption in his mouth somewhat whiter than that upon the surface of the body. He asked if this was usual.

Remarks by Dr. Mary A. Parsons.—Dr. Parsons said she had frequently seen an eruption on the mouth and throat of patients with varicella which was whiter than the general eruption. She gave the details of two cases, a girl with varicella and her brother with diphtheria. The boy showed signs of varicella sixteen days after exposure.

Remarks by Dr. G. N. Acker.—In closing the discussion Dr. Acker said that he had simply reported a case and did not intend to open up the field of discussion on the treatment of diphtheria. There was no doubt but that his case had diphtheria and died of septic poisoning. He had not paid much attention to local treatment because the restraint necessary to carry it out would have done harm. He appreciated the difficulty which one often found in differentiating diphtheria from other diseases.

Cystitis. At the meeting of the Medical Society of this city for March 8, Dr. C. W. Brown read a paper on Cystitis. The cause, symptoms and treatment were fully given. In discussing the treatment Dr. Brown said that attention should first be directed to a removal of the cause. If there is retention, it may be a serious complication, if not the prime cause. If due to stricture, stone or any foreign substance, suitable operation for the relief of such condition should be resorted to. Hot fomentations or poultices to the supra-pubic and perineal regions, and hot hip baths are useful in the acute stages. Gentle action of the bowels by mild aperients and diluent drinks should be taken freely; and frequent small doses of an alkali, as citrate of potash, ten to twenty grains, every three or four hours. In subacute or chronic cases the following formula is useful:

℞. Potas. Acet.....3ij.
Spts. Aeth. Nitr.....3j.
Infus. buchu, fol.....3iij.
M.

Sig. Teaspoonful three or four times a day. Full doses of opium or hyoscyamus serve to relieve the tormenting pain and tenesmus. If the irritability be extreme, suppositories of opium or morphine are useful. Such cases should be kept as quiet as possible, as he knows of no disease which is so likely to relapse, or to recur after the slightest exposure to cold. He has found the most satisfactory results from irrigation. The following formula is preferred:

℞. Aqueous Ext. Witch Hazel.....ʒj.
Wine of Opium..... .....ʒj.
Distilled or boiled water.....Oj.
M.

Irrigation is best accomplished by means of the double current silver catheter. Tiemann & Co. make a very nice double catheter of soft rubber. Irrigating once in twenty-four hours is generally sufficient, although in some cases twice a day will be required for a few days. Many cases recover after four or five irrigations. In chronic cystitis long standing he has often irrigated the bladder with tincture of iodine, one drachm, to the pint of distilled water.

Remarks by Dr. T. C. Smith.—Dr. Smith asked of others their results in the treatment of cystitis by irrigation. He had not followed it very closely because he has seen a number of cases which had been injured by it; and he did not think it had been as uniformly successful as we might expect. He had derived much benefit from copaiva and boracic acid in chronic cases. The former is almost certain to irritate the stomach and has to be stopped; in such cases he continued the boracic acid in five-grain doses three times a day with marked benefit. He was convinced that rest formed a very essential part of the treatment.

Remarks by Dr. C. H. Stowell.—Dr. Stowell said that his remarks would be mainly theoretical and he was sure that some of the members would take issue with him. He had recently read the views of a noted German who had claimed excellent results from a 1 5000 solution of mercuric bichloride. Some of our foreign brothers had claimed gratifying results from salol. He would take issue with the essayist in the use of the two terms, pain and tenesmus. The bladder had no common sensation; but when diseased, there was great tension, or tenesmus, which was the pain itself. Substances injected into the bladder had only a local effect; and if they produced a toxic or constitutional effect it was from absorption by a wall from which the epithelium was exfoliated by the inflammatory process, thereby permitting the drug to reach the lymphatics. Why did Dr. Brown use opium locally? He believed in the use of constitutional remedies to control the tenesmus.

Remarks by Dr. S. C. Busey.—Dr. Busey considered this an interesting paper and one that should be thoroughly discussed by the surgeons. He, however, could not agree with all Dr. Stowell had said, as it did not accord with his experience. It was well recognized that drugs are absorbed by a supposed healthy bladder. In proof of this he cited a case which had occurred in this city some time ago where some medical students had injected chloroform into an old woman's bladder with marked toxic and almost fatal effects. He believed that the urine could be absorbed from the bladder as he had seen uremia from retention of urine more than once. Stowell was right when he said that the exfoliated membrane will absorb, and he himself had seen septic infection from the absorption of the contents of the bladder. In answer to Dr. Smith he would say that irrigation was not always applicable, depending upon the kind and intensity of the inflammation. It is not applicable in very acute inflammations nor in the so-called "irritable bladder" of the female. The latter is troublesome because we cannot keep the woman in bed; but they are amenable to treatment, as medicine, rest and regulation of the diet. It is also important in the treatment of vesical inflammation to dilute the urine by requiring the patient to drink large quantities of pure or alkaline water. He was unable to understand how boracic acid administered in five-grain doses by the mouth could have any beneficial effect upon the inflamed bladder. He thought it was important in most cases to correct the acidity of the urine, but he did not think the boracic acid would do it as it was an acid. He did think that irrigation with a strong solution of boracic acid would prove beneficial. That form of cystitis which results from enlarged prostate is the most difficult to manage. From the continuous retention of residual urine, which irritates the membrane, deep and extensive ulceration and consequent contraction result. In such cases there is considerable exfoliation. He then gave the history of a case

now under observation. He was called to this man, aged seventy-five, about a week ago, for profuse hemorrhage from the bladder which persisted for forty-eight hours. When he first saw him the patient was pallid and feeble. This was a case of chronic cystitis of several years' standing, which would not submit to treatment by irrigation, so Dr. Busey lost sight of him. After the hemorrhage had ceased he willingly consented to have the bladder irrigated with a saturated solution of boracic acid, and to-day there is less pus and he is very much better. He had the utmost faith in irrigation, especially in chronic cystitis in the aged. He relieved the tenesmus by suppositories preferably of iodoform and hyoscyamus. Diet is very important, and condiments and irritating foods and drinks should be avoided. The food should be nutritious and bland because the disease is very exhausting. The irrigating apparatus is very simple and the patient can easily be taught to use it. Nitrate of silver is a favorite remedy and Richardson of New Orleans claims to cure chronic cases with two or three injections of a strong solution of it.

Remarks by Dr. T. C. Smith.—Dr. Smith said there is difficulty in relieving many cases, as the boracic acid will interfere with the digestion after a few days. In enlarged prostate, with cystitis, it is a very valuable remedy. However, very few of this kind of cases are cured. Boracic acid is not an alkali, but is slightly acid. He had a case of chronic cystitis in a lady; he had tried irrigation, but was not satisfied with it.

Remarks by Dr. S. C. Busey.—Dr. Busey said the residual urine is ammoniacal and irritating, and he did not see how it could be cured by administering drugs by the mouth. We must get rid of the urine, which cannot be done by drugs introduced into the patient's mouth. The bladder must be washed out, because the patient may pass his urine regularly and still a large quantity may remain in the bladder. This will contain pus, putrefaction soon takes place, and putrid absorption results. In such cases there is no use in tampering with drugs, as the stomach will soon revolt.

Remarks by Dr. A. F. A. King.—Dr. King asked why the bladder should not absorb as well as the rectum. It is true the bladder is constructed to retain excreta, but so is the rectum and the skin, which we know absorb. We relieve pain in the urethra by introducing opiates into it; and he thought the bladder was also susceptible of absorption. If Dr. Busey had given a few drops of ferric chloride the hemorrhage would have ceased in his case. He had seen several cases benefited by irrigation. In inflammation of the bladder the secretion of mucus is great, which in itself is irritating. So we must dilute it by increasing the flow of urine or wash it out by irrigation. He believed in hot irrigating fluids to relieve pain and stop hemorrhage by contracting the capillaries. Hot poultices to the hypogastrium and mucilaginous drinks also prove grateful. Dr. King asked Dr. Busey how he treated the hemorrhage, to which Dr. Busey replied that he had given five grains of tannic acid every two hours. He, too, believed in the hemostatic effect of ferric chloride if given in large doses.

Remarks by Dr. C. H. Stowell.—Dr. Stowell said that the cases which had been cited where the bladder had absorbed urine were from nonelimination rather than from absorption. The bladder is nonabsorptive. In such cases the bladder becomes distended, then the ureters, then the pelvis of the kidney, and finally the uriniferous tubules. This causes a pressure within the kidney greater than that in the blood-vessels and consequently the waste products are not eliminated and uremia results.

Remarks by Dr. S. S. Adams.—Dr. Adams said we should have a clear understanding what is meant by irrigation. As generally applied it was more properly injection, because the egress of the fluid was prevented. Most of the irrigating instruments are faulty in construction and do not allow washing out. There is such a short distance between the inlet and outlet tubes that very little of the surface is irrigated. If we simply desire to inject the bladder to the point of painful distention that could be done and then the fluid could be easily siphoned out by a simple rubber tube,

similar to that used for gavage. He agreed with Stowell that uremia in the cases cited had been from nonelimination rather than from absorption in the bladder.

Remarks by the President.—Dr. G. Wythe Cook said that salol acted by breaking up and setting carbolic acid free, which medicated the urine and rendered it aseptic. This treatment had not proved satisfactory.

Remarks by Dr. C. W. Brown.—In closing the discussion, Dr. Brown said that he had seen cases benefited by administering remedies by the mouth. He did not think pain and tenesmus were synonymous: tenesmus was a peculiar kind of pain; and there is a localized, burning pain in cystitis. He believed that remedies were absorbed by the bladder and urethra, as he had recently seen the intoxicating effects of solutions of cocaine applied to these parts. His paper did not deal with cystitis accompanying enlarged prostate. He had seen numerous cases of vesical hemorrhage which irrigation had controlled. He used anodynes in the irrigating mixture because clear water will produce pain if injected into the bladder.

Aristol in Catarrhal Affections. In a late number of the *American Therapist*, Dr. Porteous writes that aristol in post-nasal catarrh and hay fever has acted well in his hands. After thoroughly douching the nasal and post-nasal passages, also the pharynx, with some antiseptic lotion, he applies to all available parts the powder. In no case has he seen failure. Aristol has been equally successful in catarrhal maladies of the ear, even after the lesion has progressed into the most unsatisfactory morbid conditions. We notice that Dr. W. Byrd Scudder, in writing to the *Eclectic Medical Journal*, says that in a suppurating middle ear where most of the membrana tympani has sloughed away, aristol may be blown in to perfectly coat all unhealthy tissue. He used it in a case of necrosis of the bones of the canal with excellent results.

To Wean Patient from Morphine Habit. Dr. Breitbach of Dresden reports an interesting case of insomnia. The patient insisted upon taking morphia hypodermically in order to obtain relief from the distressing symptoms. To produce sleep and to prevent the further use of the morphine, Dr. Breitbach prescribed the well-known mixture, bromidia. It not only caused the patient to sleep, but entirely did away with the desire for the morphia. Hence the doctor states that he believes we have in this compound a remedy, by the use of which patients may be "weaned from the habit of taking morphia."

Treatment of Rheumatic and Gouty Affections. Some recent literature on salicylic acid and its salts shows that while the artificial product made from carbolic acid is similar to the natural product in chemical and physical characteristics, yet it does not give equally good therapeutical results. The artificial product and its salts, so these writers state, have a tendency to produce serious effects on the kidneys and other organs when given for any length of time. The natural product, however, is said to be free from these dangers, and thus especially adapted to internal administration. A new product obtained from the autumn crocus, or colchicum, of the meadows, and consisting of the active principle, colchicine, is found to be closely allied to the salicylate of methyl as found in wintergreen, and appears to be especially useful in all gouty affections. By combining the salicylate and colchicine we have a most valuable remedy for all gouty and rheumatic affections. Such a combination, called Colchicine Salicylate, and prepared in capsules, is now on the market. Each capsule contains ¼ milligramme of colchicine dissolved in 20 centigrammes of methyl salicylate. In diathetic, subacute, articular, and chronic rheumatism, gout and the rheumatoid affections in general, the capsules should be given in small doses at frequent intervals, one capsule every one or two hours (4 to 8, or even 10) during the day. They rarely fail to give relief in a few hours, and, combined with an intelligent alkaline treatment, this remedy will be found superior to any artificial preparation of salicylic acid or colchicum. The capsules are imported by E. Fougera & Co., New York.

Treatment of Ringworm. The recent treatments of tinæ tonsurans show a strong tendency toward the use of losophan, a new and very active mycotic which has been giving remarkably good results. Losophan is a triiodocresol, very rich in iodine (about 80 per cent), with which on application to dermatic lesions, it slowly parts, thus avoiding toxic effects, while making the pathological field untenable for living organisms. For these reasons losophan is indicated in all cutaneous conditions due to the development of the trycophyton fungus in mycosis, pityriasis, sycosis, prurigo, pediculosis, and in all of the large groups of skin diseases due to the presence of filamentous fungi or microspores. The clinical reports advise the use of losophan in 1 to 2 per cent ointments with lanolin or vaselin. Where a wash is needed a solution should be made of one or two parts of losophan in a mixture of twenty-five parts of water with seventy-five parts of alcohol. The mixture keeps well. Losophan has already been tested in the treatment of phimoses and chancre. The best results were gained from a one per cent powder dusted over the lesions.

Styrone in Middle Ear Suppuration. In a late number of the *Archives of Otology* is a note on the use of styrone. A 1 to 5 per cent solution of styrone (a compound of styrax and balsam of Peru) in alcohol is recommended in chronic inflammation of the middle ear. Dr. Spalding recommends it as specially useful in perforations of Shrapnell's membrane. He applies it on a small cotton swab after having had the ear thoroughly cleansed by syringing, and from results obtained he thinks that it merits a trial.

Cineraria Maritima in Cataract. R. P. Banergee reports (Calcutta Medical Rep.—*Medical Review*) several cases of cataract cured by the use of the juice of this plant, which is indigenous to India. In each case the opacity cleared away in a very short time. In commenting upon these the author remarks: Knowing that the natives of this country used the fresh juice of the plant in cataract (*motiabind* or *nazala*) with good results, he gave it a trial (because he had no eye instruments with him and the cases were unwilling to undergo any operation), the results being successful. Also in the *Pharmaceutical Journal* for May, 1888, one or two cases of cures have been noted. He hopes that practitioners in larger cities where they have better chances with patients unfit for operation, or unwilling to undergo such, will give the drug a fair trial. The plant is very common about Calcutta, one variety called the *cartwheel* (cineraria maritima or grandiflora) is cultivated as a pot plant in the garden. The other variety, with red or purple, and green stems, called in Hindu *kukrainda* (C. Hybrida vel exotica), grows near the bases of old pucca brick buildings during the rains and early winter, and are mural plants, very common in the Northwest Provinces and Bengal. The application causes no pain beyond a little sensation of heat, lasting from three to five minutes.

Piperazin. Drs. Biesenthal and Schmidt review (from the *Berliner Klinische Wochenschrift* in *Therapeutic Gazette*) the clinical reports on piperazin which have appeared recently. The reports of Vogt, Ebstein, Heubach, Krakauer and Brik, all based on the use of Schering's piperazine, are all very favorable. Testimony seems to be nearly unanimous that the remedy is harmless, and that it is effective as a solvent of uric acid. Biesenthal and Schmidt report seven cases in which the remedy has been tried. Four of the cases are given in detail. In three of the latter, who were gouty patients and had attacks of gout, marked relief was obtained. The fourth patient had violent attacks of renal colic. On the first day the piperazin was used an extraordinary quantity of gravel was passed. After the second dose, on the next day, large quantities of gravel were passed several times, and almost immediate relief was experienced. Similar results were obtained in other cases. Biesenthal and Schmidt recommend the remedy very highly. Internally, they say, piperazin is best given in dilute solution in doses of fifteen

grains distributed during the day. Its taste is very slight. As it is not irritating to mucous membranes, a 1 or 2 per cent solution may be employed in washing out the bladder in the case of vesical calculi. Hypodermic injections into gouty deposits and local applications to gouty swellings may also be employed.

A Result of Excessive Chewing. Dr. John A. Robison, professor of general medicine post-graduate school of Rush Medical College, reports a case of paroxysmal tachycardia, the result of excessive tobacco chewing. After trying various remedies he used one which had been so successful with him in the various forms of functional and organic disease, namely, cactina pillets. These give great relief, and the only relief the patient has been able to obtain.

Impure Bromides. From the *Journal of the American Medical Association* we learn that *Helbing's Pharmacological Record* has an important statement concerning the undue proportions of potassium chlorate that are found in the bromides. An examination made by Helbing and Passmore show that it is a serious matter to buy the potash salt at the present time without having it carefully analyzed as to the percentage of chlorides it may contain. The importance of purity in a drug of this nature is very great, and will receive the earnest heed of neurologists everywhere. We would state, in this connection, for the information of the *Journal* and the *Record*, that if they would simply prescribe the "bromides" with the word "Peacock's" following, they would, in our opinion, escape all fears of impurity, and it would no longer be a "serious matter" to prescribe them.

Hypophosphites of Lime and Soda. Dr. Daniel F. Drew, councillor of the Massachusetts Medical Society, in a recent note, mentions especially the use of McArthur's chemically pure syrup of the hypophosphites of lime and soda in all cases of incipient phthisis, chronic bronchitis and other pulmonary affections. In all wasting diseases, it is a most reliable remedy, increasing the appetite and promoting digestion.

Composition of Syrup of Figs. Because the California Fig Syrup Company thought best to name their laxative compound the "Syrup of Figs," it does not follow that the active principle of the preparation is made from the fig. Instead of this being the case they state freely to the profession that the laxative properties of the syrup are obtained from senna. Hare states in his new work on therapeutics that both Rutherford and Vignal assert that senna acts very materially in increasing the flow of bile. Hess says that the drug acts directly as a stimulant upon the mucous membrane and so produces a local peristalsis as it is moved along. Hare recommends it especially in the treatment of the constipation of pregnancy. As an ingredient in the compound licorice powder it is one of the oldest and best known drugs. Recognizing the sterling worth of this drug when employed in laxative doses, the California Fig Syrup Company has so combined it with other agents that it is both pleasant and effective. It might be called a family laxative, useful in all those cases where a freer action of the bowels is desired. The physician is often puzzled to know exactly what to prescribe when the only remedy indicated is something to increase peristaltic action. The therapeutics of senna warrants its recognition at once, while the palatableness of the preparation points to Fig Syrup as the best medium by which this drug can be administered. It is interesting to note in this connection that the California Fig Syrup Co. has just received a decision from the U. S. Court of Appeals confirming their right to the exclusive use of the name "Syrup of Figs" or "Fig Syrup" when applied to a laxative medicine.

Salipyrin. The sale of this new drug has been interdicted in the United States until very recently. Now that it is on sale again it will probably be used as freely here as it is used by European physicians. It is a combination of 57.7 per cent antipyrine, and 42.3 per cent salicylic acid. It is used in neuralgic and rheumatic affections in doses of from one-half to two grains.

Sulfonal, a Hypnotic, not an Analgesic. Dr. Herman D. Marcus writes to the *Times and Register* that sulfonal is not an analgesic but a pure hypnotic. It will produce sleep but nothing more, and if it is necessary to obtund pain besides, it should be combined with such drugs as the case may indicate. With such an addition as sulfonal to our pharmacopœia, drugs like opiates, chloral, or the bromides, must necessarily disappear from the list of hypnotics. Sulfonal will never fail to produce sleep if properly used, and may be recommended to every practitioner as the only reliable and safe hypnotic.

Painful Pregnancies and Subinvolution. Under this heading, Dr. Wm. F. Kier, of St. Louis, Mo., writes concerning the habits of life of the average woman, and toward what end these habits lead. As a result we have metritis, metrorrhagia, pelvic cellulitis, etc., each being a cause of painful pregnancies and subinvolution. Dr. Kier says we have a remedy for this in ponca, especially when combined with those ingredients found in the "Ponca Compound" tablets. The article concludes as follows: "This compound commended itself to me some years since, and each year's success has confirmed the correctness of my early conclusions, so that after extensive clinical experience I am convinced that it exercises a specific alterative action on the uterine tissues, a general tonic influence on the pelvic organs; that it has a tendency to absorb plastic deposits, to regulate the vascular supply, to relieve congestion, to encourage peristalsis of the bowels, and to remove spasmodic conditions. In fact we have in the Ponca Compound that which is uniform, portable, convenient, reliable and agreeable, indeed, 'a definite chemical compound.' I confidently commend it to my co-workers of the medical profession."

Glycozone in Nasal Affections. It has been the custom of the editor of this journal, for a long time, to use Marchand's glycozone as a stimulant to promote healing after cautery operations in the nose. The cauterized surface is first cleansed with Marchand's peroxide and then brushed over with the glycozone. The glycozone is a good disinfectant in itself; it remains well in contact with the mucous surfaces, preventing, in a measure, the formation of dry crusts; and it stimulates the parts to healthy action.

Book Reviews. HISTORY OF THE LIFE OF D. HAYES AGNEW, M. D., LL. D. By J. Howe Adams, M. D. With fourteen full-page portraits and other illustrations. In one large Royal Octavo volume, 376 pages, Extra Cloth, beveled edges, $2.50 net; Half-Morocco, gilt top, $3.50 net. Sold only by subscription. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

The history of the life of any eminent man must necessarily be full of interest. That interest will be increased many times in quantity and will be much keener in quality if the life be one of especial interest to us and if the biographer be in love with his labor. While biography was always a favorite with us, and while one of the books of our youth which we remember most vividly was the life of the great Napoleon, yet we believe we have never been more interested in a work of this character than in the one before us. The subject certainly furnished an immense amount of material and of the rarest and most unique character. The life, character and accomplishments of this "grandest figure in American Medicine" are portrayed in an easy and charming style by the author, while there is not a dull page in the whole book. There are a number of illustrations, the most interesting of which are eight full-page engravings of the doctor as he appeared at different times from 1858 to 1890. We were greatly interested in reading of the views held by him on the admission of women into the profession. The biographer says that while Dr. Agnew did not oppose their admission yet "he did not believe that, either naturally, or by their centuries of inherited training, women made good practitioners. In a similar way he did not believe that men made good nurses, no matter how well trained; and, if he could avoid it, he never employed a male nurse." In consultations, while so many physicians would say "*I think*" so and so, Dr. Agnew would invariably say "*It is*" so and so. The book is filled with interesting detail of the doctor's methods and characteristics. For instance, notwithstanding the fact that

"he could do equally good work with either hand," yet he always used his pen with his left hand, and, strangely enough, always wrote with the back of the pen, a performance we did not know was possible before and still upon trial we find very satisfactory. Dr. Agnew's relation to the Garfield case is fully given and is of great interest. To give some idea of his capacity for work it is stated that he wrote his entire "System of Surgery," consisting of three volumes, with his own pen. The mere mechanical labor involved was tremendous. For instance, if he had done nothing else but write the words, after the fashion of a copyist, and had worked uninterruptedly eight hours a day, it would require 417 days to complete the task. But we cannot state more, only that the book forms most pleasant and interesting reading and will, we trust, employ the spare hours of many of our readers.

THE DISEASES OF THE NERVOUS SYSTEM. *A text-book for Physicians and Students.* By Dr. Ludwig Hirt, Professor at the University of Breslau. Translated, with permission of the author, by August Hoch, M. D. Assisted by Frank R. Smith, A. M., M. D., Assistant Physician to the Johns Hopkins Hospital. With an introduction by Wm. Osler, M. D., Professor of Medicine in the Johns Hopkins University. 178 illustrations. 700 pages. D. Appleton & Company. 1893.

When we consider the value of such works as those of Trousseau, Niemeyer, Virchow, Cohnheim and others, we at once appreciate what translators have done in bringing us into closer relationship with the thoughts and experiences of the masters in other countries. We all admit that this wider acquaintance is essential to the teacher, but it can be said with equal force that the active practitioner should also be learned in the classical works of all languages. Professor Hirt is especially clear and complete in his descriptions of the anatomy and symptomatology of the different diseases. It is quite a relief to see so large a work illustrated almost entirely with original cuts. The old familiar figures are not here, but in their place are well executed drawings setting forth the text in a clear and striking manner. The book chanced to open to page 219, under the subject of cerebral hemorrhage, and we were pleased to note here the author's views on the abuse of alcohol as a cause of that affection. He states that he refers "not only to the confirmed drunkards, but much rather to that class of individuals who habitually consume more alcohol, especially beer, than is good for them. Such men rarely, if ever, get drunk, but they drink several times a day one or two glasses of beer, do not take enough exercise, and become fat and predisposed to fatty heart and arterial disease, especially arterio-sclerosis." He accounts for the greater frequency of cerebral hemorrhage in men than in women largely by the excessive use of alcohol by the former. To our thinking the translators have done their work remarkably well, at least the English is very clear and plain. The extra quality of the paper gives to the type and engravings a fine appearance. The physician must not cry out against the multiplicity of books. Many books are here, more are on the way, and he who ignores the literature of his time is hardly living in the spirit of the age.

HANDBOOK OF THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE THROAT, NOSE AND NASO-PHARYNX. By Carl Seiler, M. D., Instructor in Laryngology and Lecturer on diseases of the upper air passages in the University of Pennsylvania; Chief of the Throat Dispensary at the University Hospital, etc. Fourth edition. Thoroughly revised and greatly enlarged. Illustrated with two lithographic plates containing ten figures, and one hundred and seven engravings on wood. Lea Brothers & Co., Philadelphia. 1893.

Some twelve years ago the first edition of this work was given to the profession and it is only necessary to glance through these pages to reach the conclusion that during these years the author has not been idle. Among the numerous additions in this edition we notice in particular a chapter on Influenza and American Grippe; or, as the author calls the latter, epidemic myxoid œdema. The treatment of this well-known affection is given quite fully and is very interesting. The author says the treatment must not be directed toward the symptom which is most prominent, namely, elevation of temperature, but the aim should be to eliminate from the system the poison (whether it be a ptomaïne or bacteria), which by its powerful effect upon the nerve-centers gives rise to the symptoms. After discussing the reasons for so doing we are given the treatment, which is substantially as follows: Ten grains of benzoate of soda in a half tumblerful of plain, or better, carbonated water, a tablespoonful of either whisky,

brandy or other liquor, every three or four hours, and *absolute rest and quiet in bed.*

We also note a new chapter on Intra-Nasal Neoplasms, as well as a chapter on the effect of uterine disease upon the mucous membranes of the upper air-passages in producing chronic inflammation and intra-nasal disease.

The work is well known to the profession and attention to this new edition is all that is necessary to secure for it a generous reception.

THE YEAR-BOOK OF TREATMENT FOR 1893. A Critical Review for Practitioners of Medicine and Surgery. A Series of Contributions by Twenty-two Writers. In one 12mo volume of 500 pages. Cloth, $1.50. Philadelphia, Lea Brothers & Co. 1893.

No matter in what department of medicine we may be engaged, we are bound to keep apprised of all important advances. Hence we scarcely need call attention to the great usefulness of such a volume as this. Over a score of competent critics give us their verdicts upon the claimed advances made in all branches of medicine during the past year. They have selected for us and presented to us the real progress we have made in a twelvemonth. The contents are carefully classified, well indexed, and full references are given. It is a book closely suited to the needs of the practitioner or writer. This is the ninth year of its appearance, and we notice at least two new articles discussed, one on "Anæsthetics," by Dr. Dudley Buxton of London, and another on "Public Health and Hygiene," by Prof. W. H. Corfield, also of London. In the treatment of phthisis creasote and guaiacol "still maintain their reputation." Large doses of these drugs, however, do not possess any advantage over small ones, while the subcutaneous injection of the drug has no advantage over administration by the mouth, and that benefit can be expected only from its continued and prolonged employment. There is little evidence to show that drugs absorbed into the blood act directly upon micro-organisms. In most infective diseases the object must be to get rid of the poisonous products of these organisms. The cause of the sweating, fever, and disordered digestion in phthisis are albuminous bodies which are the products of the growth of the bacilli.

Letters to a Young Physician. Number 14.

MY DEAR DOCTOR:—The letter from the old physician to which I referred complained of the manner in which he was treated by so many of the young physicians. And I would ask you if there is not a grain of truth in the charges he makes? He even used your name and said he had heard you say that the old physician was unscientific and not posted on the more recent methods of modern times. Well, I notice that you have about a dozen medical works in your library, while he has something over five hundred. And these were not bought for the fun of it, either. I notice, too, that you take only one journal, this one, and probably take that because you know the editor, while he has on his table a large number of the best journals to be procured, this one included, *of course.* One serious fault with the younger profession of to-day is their too earnest belief that a full knowledge of laboratory work renders its possessor a superior personage. That this work is of the greatest value we all concede, and none are more ready to admit it than the older members of the profession; but other things are required and some of these come only after long "watching and waiting." How often have we heard older men express a willingness to aid their younger friends in advice and in procuring business, but "they would not." There must be cultivated a closer and more sincere friendship between the older and younger men. I have no sympathy with the one who sneers at the youthful inexperience of the other, and most certainly I have no love for the one who classes his elder as an old fogy. I plead, therefore, for a closer professional relationship; so close, indeed, that we will welcome to our ranks all worthy and sincere applicants; and so sincere that when one of our number passes away we mourn his loss as a valued friend and counsellor. There is a bond of common interest uniting us, only this bond needs cementing with more brotherly love.

Very sincerely yours,

THE REVIEW.

THE
NATIONAL MEDICAL REVIEW.

VOL. II. WASHINGTON, MAY, 1893. No. 3.

THE EDITOR'S TABLE.

A Daily Medical Journal. A daily medical journal in the city of Washington! This is indeed something novel and interesting. But it is true, nevertheless. It may surprise our out-of-town readers that such is the case, but the old residents know all about it. The daily came into existence some fourteen or fifteen years ago as a newspaper. Seeing the great need of a medical journal in our midst, it has of late years been gradually changing its plans to conform to such a want. Stimulated by the success of the REVIEW during the past year, it now devotes the greater part of its columns to medical matters. Before we reach the close of our second volume we predict the Washington *Post* will come out, fair and square, as a full-fledged daily medical journal. Already column after column of its advertising pages are filled with matter pertaining to the health of the people. We read, in glowing terms, of cures for all kinds of ailments, from cold feet to consumption. Here we read of impotency; loss of vigor; gonorrhœa; syphilis, pennyroyal and tansy pills for women, which never fail; English pennyroyal pills, a sure relief for ladies; errors and indiscretions of youth corrected; manhood restored; small and weak organs enlarged; the gentleman's friend, and a syringe free; a whole column of this same kind of choice medical literature!

A Grateful Public! As newspapers furnish only what the people want to read, at least so they say, then it must follow that the public is extremely grateful to our successful city daily for furnishing such choice morsels of select reading for our young men and women. It occurs to us the *Post* might be adopted by our School Board as a supplementary reader for our public schools!

A Private Word. We would like to inform our daily that this journal does not take all the advertisements offered it; and it can see no good reason why a daily paper should do so either. When we wish to introduce the *Police News* into our homes we can purchase a copy with our eyes wide open, knowing just about what we are carrying. But we would not like to be obliged to purchase such a paper. We do feel obliged, however, to bring into our homes the morning paper, and it is hardly fair to us that we must bring with it such objectionable literature as we have quoted above. Give us a clean, wholesome daily, Mr. Publisher, and the heads of thousands of households will rise up and call you blessed.

Education and Good Health. In another column we call attention to an address by Dr. John Punton on the effects of the higher education of women. As Dr. Punton is a professor of nervous

and mental diseases he has no doubt given the subject much thought, but we believe his conclusions are not based upon reliable data. The American Association of Collegiate Alumnæ has given this whole question much attention and has gathered facts and figures from every possible quarter. We are familiar with much of their work in this line and can vouch for its reliability and thoroughness. The results of their investigations show that not only is the college girl the equal in health of those outside the literary life, but she is also the superior in this very line. She early acquires method and knowledge of laws which contribute to the development of a sound body and a sound mind. She becomes familiar with laws of physiology and hygiene which are of present usefulness and will so continue to be. After much investigation Mrs. Frances Fisher Wood finds that nine-tenths of the children of college-bred women survive infancy—a record never before equaled in any age, class or country. Mrs. Wood is herself a Vassar girl and a trustee of Barnard, and the wife of a well-known physician. If woman is for a companion to man let her seek, aid her in seeking, the best and the highest mental attainments. If she be considered in the lower light of one destined only to perpetuate the race, even then the laws of heredity demand that she be given the most advanced educational privileges.

The tallow dip has gone. The electric lights are burning. The universities have opened their doors. In Science, Literature and Art the man and woman work side by side, the one the perfect equal of the other.

Death from Ether.

We have kept a close watch for the opinions of medical men concerning the recent death of a very prominent patient in New York from pulmonary œdema following etherization. The *Medical Record* and the *Medical and Surgical Journal* of Philadelphia contain two of the best editorials on the subject. The editor of the *Reporter* thinks it probable that "an apoplexy had taken place in the brain." Before charging the death to ether it would be well to know precisely how the ether was administered. The editor calls particular attention to the fact that anæsthesia is never without danger; while the successful use of ether depends upon the anæsthetizer and the quality of the ether used. The anæsthetizer is a far more important personage than he is usually recognized to be. Then the quality of the ether is of the first importance. Only that which is fresh and has been hermetically sealed should be used. The article is some four pages in length, concluding with some careful instructions relating to the administration of anæsthetics.

The editorial in the *Record*, for April 1, speaks strongly against the action of the coroner in not demanding an autopsy. The editor says there was certainly some cause for the sad termination of the case; and adds that it is a pity that indiscretion on the part of the coroner, or the unheeded persistence of the medical attendants, should deny pathology the right to explain reasons to remove uncertainties, and to verify truths. There is no excuse, says the writer, for the coroner in declaring that an autopsy was unnecessary. It was a duty the coroner owed to the medical profession to act precisely opposite.

An Unfortunate Effect.

This distinguished patient, who met death in such a mysterious manner, was widely known for his many charitable deeds. It is impossible to imagine how his afflicted family could have done a more philanthropic act than to have

allowed, or even asked for, an autopsy. A most unfortunate effect has been produced upon the public. Patients who would have, prior to this, submitted willingly to an anæsthetic will now be filled with alarm and distrust. And neither will the surgeon's words be believed, for this awful fact stands out pre-eminent to all others. But more than this: the anxiety, the extreme nervous tension, the foreboding of evil which will fill the mind of many a patient as they inhale the anæsthetic, will form no desirable item in the chances for recovery. We regret that this influential family and these prominent physicians did not more carefully consider the duty they owed to mankind before consenting to thus leave us in ignorance and darkness.

Medical Advertising.

Under the head of successful medical advertising a reporter of that very bright piece of news, *Printers' Ink*, tells of his interview with the advertising manager of a Medical Institute. This manager spent over $400,000 in advertising last year and the volume of business done was something over one million. This manager says that the younger generation of the medical profession is recognizing "the folly of that absurd barrier against advertising which the ethical code raised up. He says: "There will not be a trace of it left. Why, our physicians to-day represent some of the best and most eminent men in the country. Some of them are from professorships in medical colleges, from offices honorably filled for years in the medical societies. Take, for instance, Dr. Whetzel, one of our physicians at the Chicago office. For years he was Secretary of the State Medical Association of Indiana, for several years delegate to the American Medical Congress and president of the alumni of his college. I only cite Dr. Whetzel's case as an instance of many others like it. Intelligent, truthful, conscientious advertising commends itself to the heart and conscience and common sense of the physician and specialist who honestly desires to benefit his kind, as well as to provide for himself and for his family."

The Time Not Near at Hand.

When this time, which the enterprising manager predicts, comes to pass, our readers may expect to see on the advertising pages of this journal such startling headlines as "Waiting for Death," "Back from the Jaws of Death," "Death Cheated," "Life Hanging by a Slender Thread," and all because young doctor Blank was called just in time! No. This manager is not a good prophet. The press is to be elevated and the common people educated, rather than that we are to be humbled and deprived of all dignity and truthfulness.

Substitution, a Crying Shame.

We have often noticed articles in our exchanges on the great extent to which substitution is carried. But after conversing with friends in the retail druggist's business we had dismissed the matter as greatly overdrawn. Our attention, however, has lately been drawn to the question in a very forcible manner. The story we are about to tell seems almost improbable and were it not for the indisputable facts in our possession we would hesitate to make it public. Yet we feel that the local profession should know of what is going on around them and just how they are being treated by certain men.

Thirteen Substitutions, Seven Genuine.

A physician in this city wrote twenty prescriptions for *Warner's* Pills and sent his daughter for them. This was a matter of trial to see to what extent the doctors' wishes are regarded by the drug-

gists. He specified "Warner and Co.," and the daughter, in handing the prescriptions, said, "I want that kind, if you please." We believe none were refused, but out of the twenty prescriptions, seven only were genuine, thirteen were substitutions and consisted of all kinds, flat, round, oval, and gelatin, and some were not one-grain pills, as ordered, at all.

Poor Consolation to Mr. Warner.

This must be rather poor consolation to Mr. Warner. He has had his goods before the public for thirty-three years and yet all the expenditure of this time and the outlay of vast sums of money go for naught in the eyes of the druggist. Reputation for reliability is traded off for something "just as good." The druggist becomes the doctor. The doctor is disappointed in the effects the drugs produce and the results are laid at the feet of imperfected Medical Science.

The Profession Should Act Promptly.

To our thinking the subject is serious enough to demand prompt action by the profession. Let a careful and systematic course of investigation be inaugurated and let the names of all druggists who substitute be printed and given to the public. And let us as guardians of the health of the people warn all persons against trading with such men. We would like to see a bill pass Congress punishing substitution of medicine the same as counterfeiting coin.

What is Homeopathy?

We have always held that the dose and strength of a drug were not the cornerstones of homeopathy and have so stated in these columns. We are so often asked if we do not owe the smaller doses we now prescribe to the homeopaths? To this we have ever replied as already recorded in a previous number of this journal,—No. We owe the homeopaths nothing. The dose has nothing to do with the question. Believing this we are pleased to note in the April number of the *Hahnemanian Monthly* an article by Dr. Jas. G. Gilchrist, in which are these words: "The central idea in homeopathy is, of course, the law of similars; not *a* law, one of many, but *the* fundamental law of therapeutics. Dose and *potency* are purely subsidiary, unessential, and yet seem to be natural resultants."

High Temperature.

An editorial in the April number of the *Medical World* calls attention to the subject of high temperatures. While some very noted writers have held that a patient never survives a temperature of 107.3-5, yet Dr. E. F. Wells of Chicago, has recently tabulated a list of twenty-two cases recovering from a temperature of 107°; twelve of which were from 109.2° to 107.8°; seven 111°; three 112°; two 115°; three 116°; one 125°; one 128°; and one 133.6°. But none in this whole list comes up to the case reported by Dr. Heler Jones, and vouched for by some twelve physicians who saw the case, where the temperature reached 157° F., and yet followed by recovery.

Slaves to the Cigarette.

From a late number of the New York *World* we obtain some facts that must set the thinking faculties of our readers in very lively operation. The Review does not hesitate to assert that as viewed from the editor's table, there is not a single thing that can be said in favor of this little master, the cigarette. But here are the facts: The official reports of the cigarette manufacture, which are carefully taken by the Internal Revenue Department, give a total of 16,581,646,440 cigarettes as the output for the past eight years. Taking the average length of each cigarette at three inches this

would make a total of 4,145,411,611 feet for the entire roll. Dividing this by 63,360, the number of inches in a mile, would make a total of 65,426 miles, or a cigarette girdle extending nearly three times around the earth. The total number of cigarettes made in this country for a dozen or more years past stands:

1878–79	238,276,817
1879–80	408,708,365
1880–81	537,395,938
1881–82	554,544,186
1882–83	637,021,653
1883–84	908,090,723
1884–85	1,058,749,228
1885–86	1,310,961,350
1886–87	1,584,505,200
1887–88	1,862,726,100
1888–89	2,154,575,360
1889–90	2,426,515,380
1890–91	2,976,270,885
1891–92	3,210,402,937

Calculated at the lowest retail rate of 50 cents per 100, the cigarette smokers of the United States spend $16,052,019 a year on their hobby.

Alcohol and the Lungs.

It is always a pleasure to find ourselves in good company, and we are much pleased to note that the editor of the *Medical Brief* is on our side on questions pertaining to the deleterious effects of alcoholic drinks. In the April number of that journal is an editorial on Alcohol and the Lungs. The following are some of the thoughts presented:

Consumption is one of the most fatal diseases known to mankind; therefore, all causes which tend to produce it are worthy the physician's most serious consideration.

At the head of the list we find the world's greatest and most insidious enemy, alcohol. Alcohol is eliminated by the lungs without change, and its irritating qualities soon produce a subacute inflammation of the parenchyma of the lungs. Changes occur in the walls of the blood vessels, giving rise to hemorrhages; impaired nutrition is followed by cavity formations, and we soon have a typical picture of that dread disease—consumption.

Physicians, do not prescribe alcohol; give any and every substitute that you choose, but let alcohol alone. The product of decay, it will surely produce decay, and no man can afford to have upon his conscience the thought that his advice was, perhaps, instrumental in wrecking a human life.

Drivers as Doctors.

From what we are told it would appear that the drivers of the police ambulances must consider themselves skilled nurses or trained surgeons. When a physician wishes a patient removed to one of the hospitals and telephones his desires to police headquarters, in due time the ambulance arrives. Immediately the driver and attendant proceed to convey the sick from the house to the wagon and thence to the hospital. Some of these patients are extremely, dangerously ill, and yet no medical man is about to render assistance. This should not be so. The police authorities should either send a physician with the ambulance, or, better still, appointment should be made with the attending physician to be present at the removal.

Report of One Hundred Laparotomies.

Dr. I. S. Stone of this city has in preparation a paper for the forthcoming Pan American Medical Congress, in which he will report one hundred or more laparotomies. From advanced sheets we are able to learn that thirty of these operations were for pyo-salpinx, tubo-ovarian abscess, etc., with only one death; while in many of the cases there were several ounces of pus, and the operation was performed during an attack of pelvis peritonitis. Battey's operation was performed seven times, with no deaths. There were four vaginal hysterectomies and no deaths. Nine sections for old salpingitis, enlarged adherent and

cystic ovaries, etc., resulted in one death from unsuspected pre-existing pyæmia. There were seven hysterorrhophies with one death. Six ovariotomies and no deaths. There were twelve supra-vaginal hysterectomies with four deaths.

The Spice of Life.

One of our correspondents has worked himself into a terrible fever because he has occasionally received a copy of this journal after he had notified us he did not wish to subscribe. The letter he sends us is most lamentable and painful. Such annoyance on our part is certainly bordering on a misdemeanor and we will use hereafter the greatest precaution not to irritate this party further. Our regular subscribers will please use great care not to expose this journal to the view of said gentleman, as its radiance might cause a sudden attack of general disagreeableness.

An "old subscriber," of just one year of age, will not renew his subscription because some of his acquaintances get the journal as regular as he and pay nothing for it. It is the same old story of the "public crib," or "something for nothing." Why, we have seen a dozen patients at an outdoor dispensary, waiting to have their nose and throat sprayed, when there was not a thing the matter with them. Only they found they could get their head cleaned "for nothing," and they were on hand, bright and early, for the prize. If you receive this copy and do not wish to subscribe or to read it, then carefully and tenderly place it at rest in your waste basket or on the parlor table. We will send you no bill for it, and will only ask you not to send us a bill for the time occupied in scanning its pages.

The Highest Skill Required.

The latest in the germ line is a report from New York of the death of one person and the long, severe illness of another from septic infection following the removal of some troublesome corns. In one case, the man did his own paring, and in the other, a skilled chiropodist was employed. The common people must be given to understand that before undertaking so serious an operation the foot should be rendered completely aseptic by prolonged soaking in a bichloride solution, then in the permanganate, then oxalic, and at last wash off all these in undiluted H_2O! Then by the employment of only the best skilled surgeons we may hope to reduce the mortality table of this capital or pedal operation!

Patents and the Code.

Our attention has again been called to that unjust section of the code which does not allow a physician to protect the product of his brains from pilfering hands. Having subscribed to the code we must live up to it or withdraw altogether; but let this be changed as soon as possible. In some things the old code is about as well suited to the new order of things as is a tallow candle to a modern drawing-room!

Cures for Consumption.

Some months since we called the attention of our readers to the unprofessional methods of one Dr. Amick, who was claiming to cure consumption by some secret "chemical treatment." We took strong exceptions to those publishers who allowed his fulsome advertisements to appear in their medical journals, in some instances occupying as many as sixteen pages of a single issue. That we were correct in assuming this position is now the more clear, as we notice column after column in a New York daily setting forth the wonders of this discovery, and giving testimonials from all parts of the country. This paper is congratulating itself that "it has become the greatest benefactor of its generation" in telling its readers of

this marvelous man. It must be a source of great comfort to our brother journalists, who gave their professional indorsement to this movement by admitting its advertisements into their columns, to see these generous advertisements in the New York dailies, composed largely of the usual patent medicine testimonials.

Officers of the Medical Association. At the annual meeting of the Medical Association of this city, the following officers were elected: President, Llewellyn Eliot; vice presidents, W. P. C. Hazen and H. D. Fry; secretary, Jas. Dudley Morgan; treasurer, S. S. Adams.

The President of the Association. The president of the Association, Dr. Llewellyn Eliot, belongs to an old and respected family, the records of which extend back, unbroken, for a number of centuries. He was born in 1853—a son of the late Dr. Johnson Eliot—and inherits his talents and devotion to his profession from his father, who during his day was one of the leading surgeons of the city. Dr. Eliot, after receiving a classical education, graduated from the Medical Department of the University of Georgetown in 1874, delivering the valedictory to his class. He is a member of a large number of representative medical bodies, and has always taken an active part in the various societies of which he is a member. As a writer his contributions to the various medical journals have been numerous, some of which have been extensively copied. His articles generally relate to surgery and obstetrics. For several years he has been identified with the various hospitals of the city. Dr. Eliot, in 1885, married Mary H., the daughter of I. A. Lancaster, Esq., of Maryland. We are indebted to a mutual friend for the above facts.

Dr. J. Taber Johnson's Sanatorium. At a recent visit to the Sanatorium of Dr. Joseph Taber Johnson of this city we obtained the following interesting facts: During the three months prior to our visit, viz., from January 19 to April 19, thirty-five operations were performed. These were divided as follows: Ten laparotomies; twelve curettings and dilatations; four for restoration of the perineum; three for lacerated cervix; one for radical cure of hemorrhoids; three for cancer of the uterus; and two for liberation of pelvic adhesions. One very large sarcoma of the breast was sent home without operation, the patient being beyond surgical relief. We could fill a number of pages of this journal with the accounts of many of these cases. Some of them were unusually interesting.

In one case an ovary had been removed by another surgeon two years previous, with relief lasting only a few months. The disease returned on the other side and Dr. Johnson removed the remaining ovary. In another case the woman refused an operation five years ago, since which time she had been treated by eight different physicians, each in turn positively assuring her she could be cured without suffering the loss of her ovaries. She said she now "returned after five years of wandering, having suffered much from the hands of many physicians, with health and money all gone." But this time she found a cure and "without price" too. All these cases made good recoveries except one of cancer which died on the fourth day. Dr. Johnson now reports fifty-eight successive ovarian operations performed in his private hospital without a death. The surgical methods are comprised in two words, simplicity and cleanliness.

THE PROGRESS OF MEDICINE.

Recent Literature on Antikamnia.

The coal-tar products are playing no small part in the formation of the newer materia medica. Concerning one of these, the much-used and much-abused antikamnia, either the medical men are the most easily deceived of all creatures, or the drug has an established place as a powerful analgesic and antipyretic. We must have on file at least a hundred pages relating to this drug. These are taken from the current medical literature and relate to the use of the remedy in various affections. With such evidence it must follow that a study of its therapeutics will not prove an idle use of time.

Substituting.—Dr. Eggers writes to the *Medical Mirror* that some recent failures with the drug he has found to be due to a substitute dispensed by the druggist, and made by him according to an analysis of antikamnia as published in some journal. Dr. Engel of Philadelphia says he finds these compounds far different from the original. A friend of the writer came very near losing his life by taking a home-made antikamnia. The pharmacist should be doubly sure he is right before he goes ahead.

Obstetrics.—Dr. J. B. Riley writes to the *Western Medical and Surgical Reporter* that he gives ten grains of antikamnia as soon as labor is announced by regularity of pains. He says it is more prompt and more decided in its action than opium, and has none of the unpleasant after-effects. He continues its use in small doses to control the after-pains and adds that it rather favors than interferes with the secretion of milk.

Erysipelas.—Two writers report cases of erysipelas, one case closely followed by confinement, where antikamnia was a prominent feature of the treatment. It was given to lower the temperature and control the pain.

Typhoid Fever.—A recent writer says that, in this disease, "its action is marvelous in the relief of the abdominal pain and cephalalgia which so often accompany typhoid fever; while it causes neither excitation nor depression."

Acute Articular Rheumatism.—A writer to the *Medical World* says that for the hyperpyrexia of this disease nothing equals antikamnia, while it is also a great pain destroyer. He says it does not depress the heart but rather strengthens it. It reduces the fever quickly and its action is especially good in the heart complications.

Phthisis Pulmonalis.—One writer details a report of twelve cases of phthisis, in each of which antikamnia was used to reduce the temperature. In some of the cases a single dose of ten grains was sufficient. He concludes that the drug has most decided antipyretic and analgesic properties.

Influenza.—A surgeon in the U. S. Marine Hospital service writes that antikamnia is as much a specific for influenza as quinine is for ague.

Malaria.—A writer in the *Virginia Medical Monthly* deals with all diseases of malarial origin by prescribing equal parts of antikamnia and quinine. The unpleasant effects of the quinine are suspended by the action of the antikamnia, the usual deafness being absent. For the hemicranias and neuralgias of malarial origin, the combination may be regarded as a specific.

Bowel Affections.—In Notes on New Pharmaceutical Products is an article on intestinal antisepsis. The writer says he uses salol freely in combination with antikamnia. The salol acts as an antiseptic, "the best we have," while the antikamnia furnishes the calmative and analgesic effects. He also uses the same combination in cystitis, both acute and chronic, in doses of two and one-half grains each. The pain and the burning are relieved and the urine is cleared up.

A Substitute for Morphia.—Prof. Hugo Engel of Philadelphia regards antikamnia as a substitute for morphia for the relief of pain. In an article in the *Medical Summary* he says that a hypodermic injection of ⅛ to ¼ grain of morp i a has no more rapid effect than antikam i a when properly given.

Medical Notes in Case of Pres't Lincoln.

Dr. Chas. S. Taft of New York gives an interesting account in the *Record* for April 1, of the death of President Lincoln. Dr. Taft first saw the President when he was lying upon the floor of the stage box. His coat and vest had been removed by Dr. Charles A. Leale, "whose prompt action in immediately placing the patient in the recumbent position, undoubtedly averted an immediate fatal termination from syncope." Dr. Taft gave the President a tablespoonful of brandy and water, and the entire anterior surface of the body was covered with sinapisms. At this time the President was in bed in a room opposite the theatre. Dr. Taft remarks that in carrying the President across the street the motion of the body caused oozing from the wound, so that the hands of the doctor, which supported the head, were covered with blood and brain tissue. About twenty-five minutes after the President was placed in bed, Surgeon-General Barnes and Dr. Robert King Stone, the family physician, arrived and took charge of the case. A careful and complete account of the memorable night is given, including the frequent observations of the pulse and respiration as noted down by Dr. A. F. A. King, still of this city. There were present at the autopsy: Surgeon-General Barnes, Colonel Crane, Dr. Stone, Assistant Surgeons Woodward, Curtis, Notson and Taft. The article is of general interest, and of especial interest to the local profession.

Duration of Lying-in Period.

Dr. H. S. Houghton says, in a recent number of the New York *Medical Journal*, that one must look upon the patient who has just passed through the third stage of labor as a sufferer from a traumatism, has been wounded, and, therefore, her case belongs to the domains of surgery. As the first law of surgery is rest, so the lying-in period is a period of rest, so modified that the patient emerges from it a well and perfectly healthy woman. After the birth of the child, the mother must look forward to a period of six weeks of convalescence devoted solely not only to getting well, but to getting sound and strong. This period is divided into two weeks of absolute rest in bed, one week of alternate resting in bed and moving about the room; the fourth, in gaining the effects of fresh air and sunlight, and the last two in gradually resuming the ordinary household duties. By carrying out this plan, as given in detail in the paper, the writer says we may hope to do away with the too frequent evil consequences of childbirth.

Dispensing Our Own Medicine.

Dr. C. B. Storrs writes to the *Medical Age* that the following ten reasons he thinks are sufficient to make every physician his own druggist: (1) To make a physician more independent. (2) On account of the habit of substitution, prevalent among certain druggists. (3) To make sure of exhibiting pure and fresh drugs. (4) To prevent refilling of prescriptions without the physician's knowledge. (5) To show his disapproval of the practice of counter-prescribing and the selling of patent medicines. (6) To center the pecuniary profits upon the physician. (7) To assure cleanliness in the preparation of medicines. (8) To educate the doctors to practical pharmacy. (9) To inspire confidence in the patient. (10) To check the growing use of proprietary medicines by the profession.

Medical Disuse of Alcohol.

Dr. N. S. Davis of Chicago has an article on this subject in the *National Temperance Advocate* for April. He states that for forty-five years he has never prescribed for internal use any form of fermented or distilled liquors in the treatment of either acute or chronic diseases. He says he has not done so, simply because he had previously proved to his own satisfaction that their effects were a positive hinderance to the recovery of his patients. He adds that he is certain there is no disease that cannot be treated more successfully without alcoholic liquors than with.

Tobacco and Vision.

Dr. Thomas Dowling recently read a paper before the Mississippi Valley Medical Association, in which he said that he had conducted a personal examination of about 10 per cent of the employés of a

Cincinnati factory employing 1,500 men, and found many of the men suffering from a gradual failure of vision, men who themselves used tobacco, either chewing or smoking, while, with one exception, the women employés of the same factory who were examined by him gave no evidence of tobacco poisoning as manifested by troubles of vision.

Genital Diseases and Nervous Affections.

In the journal of *Gynæcology and Obstetrics* for April is an article by Dr. Lander C. Gray on the relation in the male and female of genital diseases to mental and nervous affections. The conclusions reached are as follows: (1) That there is no proof that genital irritation in the male or female can cause nervous or mental disease, except in a predisposed individual. (2) That the proof is not yet absolute that genital irritation can produce nervous or mental disease, even in a predisposed individual. (3) That there is undoubted proof that the relief of genital disease in the male and female will often relieve certain nervous diseases, such as migraine, hysteria, epilepsy, simple nervousness, and hallucinatory insanity.

Commenting on this the editor of the journal takes exception to the author's knowledge of gynecological facts. He says there is not an American gynecologist who would not dissent from such views. There are many nervous manifestations which can be cured only by an appropriate gynecological operation. A long list of neuroses follow scars in erectile tissues. The plastic gynecological surgeon removes these and the patient is cured of melancholia, recurring pain in distant organs, headaches and various other neuroses. Then we have the nervous manifestations accompanying stricture of the male urethra, laceration of the cervix uteri and cicatrized fissure in ano.

Opinion of Dr. Howard Kelly on the Above.

It is evident that Dr. Howard Kelly of Baltimore is not in full accord with Dr. Gray, but more nearly in line with the editor. Lately he has said that ovaries and tubes apparently normal, or capable of extruding and transmitting an ovum to the uterus, may be properly removed in: (1) Menstrual insanity. (2) Certain cases of insanity, associated with marked menstrual exacerbations. (3) Menstrual epilepsy. (4) Osteomalacia. (5) Extreme dysmenorrhœa rebellious to every other mode of treatment—very rare instances; and (6) to check the growth of myomata.

Heart Failure.

Prof. Alfred L. Loomis of New York discusses this question in a paper read before the American Climatological Association and printed in a recent number of the *International Medical Magazine.* Dr. Loomis includes all heart failures in three classes: (1) Those in which the heart has for a long time been called upon to perform an abnormal amount of work, as in valvular or arterial disease. (2) Those in which obstructive changes in the coronary vessels markedly diminish the nutritive supply of the cardiac muscle. (3) Those in which toxic influences act directly upon the nutrition of the cardiac muscle, or so interfere with the cardiac nerve-supply as to lessen cardiac resistance. The paper concludes as follows: "A review of the cases which I have presented makes it evident that the term heart failure is misleading and should be abandoned, for in most instances it does not express the pathological state. It is equally evident that the term 'death by heart failure' is often used to cover the ignorance of medical attendants."

Therapeutics of Terraline.

The *International Journal of Surgery* for April contains an article by Dr. Chas. Kelley Gardner on the therapeutics of terraline. Dr. Gardner says terraline stands without a peer to-day in the treatment of all inflammatory affections of the respiratory tract, and he cannot recall a single instance in which it failed to produce all that is claimed for it. In phthisis pulmonalis it allays the pulmonary irritation, improves the digestive and assimilative powers, and overcomes the repugnance to food so often observed in this disease. He prescribes it with creosote as follows:

℞. Creosote.....ʒiss.
Terraline.....ʒxii.
M.

Sig: One teaspoonful three or four

times daily. This can be modified by prescribing double the amount of terraline and administering two teaspoonfuls at a dose. In capillary bronchitis, and chronic bronchial catarrh, it is prescribed with the greatest benefit. In a case of general anæmia in an excessively chlorotic girl, he prescribed terraline as a reconstructive and under its use the patient gained five and one-half pounds each month for the three consecutive months it was used.

Non-medicinal Treatment of Constipation.

The *Medical Herald* for April is an unusually attractive and handsome number. It contains many good things. Among them a paper by Dr. S. G. Grant on the treatment of chronic constipation without medicine. Medicine should be secondary. The prime features in the treatment are: (1) dilatation of the sphincter ani. It should be thoroughly dilated but not lacerated; dilated immediate under an anæsthetic, or gradual by means of soft rubber bougies; (2) abdominal massage and (3) electricity. The patient must perform his part as follows: (1) a fixed hour daily for the bowels to act; (2) correct errors in diet; (3) outdoor exercise; (4) dress warmly in winter; (5) cold bath every morning followed by thorough rubbing; (6) drink a glass of cold or hot water on rising in the morning; and (7) if the case demands it, a change in climate or occupation.

Higher Education of Women vs. Sound Health.

From an address by Dr. John Punton of Kansas City, published in the last number of the *Medical Herald*, we obtain the following:

"In an address recently delivered in London, by the president of the British Medical Association, he stated very positively that the higher education of women was having a very distressing and pernicious effect upon their physical health, and that its indulgence was one of the greatest mistakes of the age. The truth of his proposition, he claimed, was demonstrated more particularly in the case of American women whom, he said, were undoubtedly deteriorating physically in proportion to the amount of high mental culture they received. He said further, that his views were in accord with those of the more noted American medical psychologists and gynecologists. A shrewd international observer said in New York, quite recently, that in his judgment, the English girl of eighteen compares mentally with the American girl of twelve, while the American girl of eighteen was represented in English society only by the young unmarried women; but while this may be true, he also said that the *English girl of eighty has no rival anywhere.*"

Painful Menstruation.

Prof. J. M. Hundley of the University of Maryland contributes an article to a late number of the *Maryland Medical Journal* on Painful Menstruation. The conclusions to which he arrives are as follows: (1) That no young unmarried woman, though she may have pelvic aches and pains, and suffers at each menstrual period, should be examined until every means known to therapeutics is exhausted. That pain of itself at that time does not indicate necessarily disease of the uterus or its appendages. We cannot detect it if it exists. (2) That anteflexion of the uterus *per se* is not the cause of the pain suffered at the menstrual period. (3) That the treatment of anteflexion by dilating and curetting —and by the more radical operation, known as the Dudley operation—gives only a small percentage of cures. That the treatment by drugs and attention to the general welfare of these young women gives us the best results. (4) That where we find old exudates of inflammatory origin, together with adherent tubes and ovaries, massage offers, most probably, the best hope of cure. "I do not mean pus tubes." (5) That no woman's ovaries should be removed on account of painful menstruation. (6) That every pathological condition should receive due attention in so far as it is conducive to the best interests of our patient.

Ipecac, an Oxytoxic.

Dr. J. J. Thomas of Youngstown, Ohio, writes to the *Medical and Surgical Reporter* that while in his opinion ipecac does not possess the power of *initiating* uterine contraction, yet, given a case where labor has evidently begun, and where dilatation of the os has made some progress, the pains perhaps feeble and

infrequent, the use of fifteen-drop doses of wine of ipecac every fifteen minutes will usually quite speedily bring about more rapid dilatation and greatly increased force of the pains, in other words, a decided shortening of the first stage. In some subjects three or four such doses will induce vomiting, when it is wise to suspend the use of the drug for a time. In many cases he has found the effect of but two doses to be so striking as to excite the remonstrance of the patient, and a refusal to take more of what led to a marked increase of her pain.

Ipecac is more than a nauseant or emetic; it is an oxytoxic, and a fair trial of its properties in this direction will, he says, lead the practitioner making it to the formation of an estimate of its value no less high than his own.

Tolysal. Summing up his experience so far with Tolysal, Dr. Arthur Hennig says it must be more warmly recommended as a very valuable antirheumatic, antineuralgic and antipyretic, having the marked advantage of absence of unpleasant bye-effects. One and one-fourth drachms given within four hours reduced the fever of erysipelas to normal in six to eight hours.

Effects of Impacted Cerumen. Dr. N. W. Cady of Logansport, Ind., writes to the *Medical and Surgical Reporter* that he is satisfied not less than ten per cent of the population of adult years, if examined, would show impaired hearing as a result of the presence of impacted cerumen, and that fully half of this number would suffer more or less from vertigo. As a rule there is nothing to call the patient's attention to the ear itself as the possible source of the trouble. The hearing of one ear is usually retained in part, so that the loss of function in the other ear is not noted. He relates a number of cases to show the effects, sometimes quite serious, of this impacted cerumen.

Chloralamide in Nervous Insomnia. Dr. J. S. Leonhardt contributes an article to *New Remedies* in which he says that chloralamide seems to more fully overcome all hitherto existing difficulties and objections than any other medicine he has any knowledge of, and stands to-day, or will in the very near future, as the calmative *par excellence* in nervous insomnia. He prescribes it as follows:

Chloralamid-Schering..... 5ijss
Spts vini gallici..... 5ij.
M. S.—Teaspoonful an hour before retiring.

He has never seen the least untoward effect from its administration; its action is prompt, and of sufficient duration not to require a second dose the same night; it is not bad to take, the dose is not large, no nervousness follows its use and it has no depressing action on the heart.

Treatment of Spasmodic Asthma. In an article to the *British Medical Journal*, Dr. Mackie says that half-drachm doses of paraldehyde, repeated every half-hour or hour, are uniformly successful in the treatment of spasmodic asthma. The spasm is immediately relieved, and sleep follows. In no case was he required to give more than three doses and usually one dose sufficed.

Protection for Diphtheria. Messrs. Lehn & Fink have received a communication from Dr. Aronson of Berlin, describing his method of using Blood-serum for affording protection from diphtheria infection. He also transmits some samples of the preparation. "Positive protection" sounds like welcome news, but we will await further details.

Porro-Cæsarian Operation. Dr. Robert P. Harris of Philadelphia has compiled some very valuable facts and figures on "the Porro-Cæsarian operation, tested by a trial of sixteen years, and in twenty-one different countries, under 224 operators." Up to the present writing there have been performed about five hundred Porro-Cæsarian sections throughout the world. When Professor Porro of Pavia, in 1876, introduced his new method of completing the Cæsarian operation, the one object in view was to diminish the fearful rate of mortality which prevailed under the old operation. The first hundred operations covered a period of six years and the losses were 60 women and 26 children. The last hundred were performed in about two years with a loss of 14 women and 28 children. The high fetal

mortality, 28 deaths in 100, indicates too long delay in operating. The causes of material death after the Porro operation are peritonitis, septicæmia, and collapse. Death by hemorrhage is very rare. For each of the operators there is an average of less than two each. Of these operators, 154 operated but once, and yet 81 women recovered. It is not essential, therefore, that an obstetric surgeon shall have had a special experience. Several operators have never lost a woman from the operation. One operator has had fifteen cases and no death, except that of one child. Five operators had fifty cases with a loss of four women, or eight per cent, and seven children, or fourteen per cent of death. In this country there have been fourteen Porro-Cæsarian operations since March, 1891, with eleven recoveries. In the treatment of the stump there is no question but that the extra-abdominal method, by clamping and pinning, is the safer for the woman in the hands of the ordinary operator. The full article is found in the April *Journal of Gynæcology and Obstetrics.*

Menstruation and Ovulation.

The relation between menstruation and ovulation has been an undecided one for many years. But Dr. Joseph H. Raymond of Brooklyn says that as a result of observations made possible by abdominal surgery, we may hope soon to see the problem solved for all time. From a very interesting article covering some seventeen pages in a recent number of the *Brooklyn Medical Journal*, we learn Dr. Raymond believes that the theory that menstruation and ovulation are concurrent, must, in view of these reported cases, be abandoned, and to this conclusion he has been brought by a careful study of the subject, although when he began the inquiry he was a firm believer in the ovulation theory of menstruation. Lawson Tait, between October 31, 1884, and the end of May, 1885, removed the uterine appendages in fifty-one cases, operating sometimes midway between the periods, sometimes just before, just after and even during menstruation, and the want of coincidence between the menstrual flow and ovulation was most striking. Several important facts are now known which were not known when the ovulation theory was established. Then it was thought that ova were immature until so called puberty, and that the appearance of the menses was an indication of their having reached maturity. Now we know that ova ripen during the last month of intra-uterine life, and are found also even after the menopause. The opinions of a number of physicians are given, all favorable to the theory that a hemorrhage is not a necessary attendant upon ovulation. Dr. Skene said that while it was evidently true that ovulation and menstruation do not occur together, at least in many cases, yet we do know that they are decidedly dependent on each other. The presence of the ovaries is entirely responsible for menstruation. He firmly believed in the ovarian genesis of menstruation. The article is of value to many and especially valuable to the physiologist and gynæcologist.

Prescribe to Please Your Patients.

In our exchanges is a short article signed with that distinct and characteristic "Ex." Therefore to Dr. "Ex." do we give credit for the following very true putting of the case:

"The physician may give advice on tobacco in a general way, but he will find very few patrons who will tolerate his presence professionally if he advises them to drink less coffee, to smoke fewer cigars, to chew less tobacco or to take less whisky. They think they know what is good for them better than the men who make a life-study of the causes of disease, and know why and how they undermine health and life."

New Dress for The Microscope.

Our first literary offspring, *The Microscope*, now thirteen years of age, appears in a new dress, precisely like that of its younger brother, THE REVIEW. This is, of course, very proper, as we now have a two-year-old at home and a thirteen-year-old in the charge of Prof. Smiley of this city. *The Microscope* starts as volume 1, new series, for 1893, and is especially devoted to the needs of naturalists, physicians and druggists. The subscription price is one dollar a year. Address Chas. W. Smiley, Box 630, Washington, D. C.

What They Thought of Tobacco.

In the early Puritan days of Connecticut no one under twenty years of age was allowed to use tobacco, and no one, of any age, could use it more than once a day.

Book Reviews.

A Treatise on the Theory and Practice of Medicine. By American Teachers. Edited by William Pepper, M. D., L. L. D., Provost and Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania. W. B. Saunders, publisher, 913 Walnut Street, Philadelphia, Pa. Sold by subscription only. Price, per volume, cloth, $5; sheep, $6; half Russia, $7.

Volume I. of this work is now before the profession and a handsome volume it is. To this volume Dr. William Pepper contributes twelve chapters; Dr. James T. Whittaker, fifteen chapters; Dr. W. Gilman Thompson, eight chapters; while Drs. Horatio C. Wood, William Osler and John S. Billings are also represented. There are fifty-eight figures and three full-page plates.

The volume opens with a strong article on hygiene by Dr. Billings, including the full discussion of disinfection, isolation and other principles of preventive medicine. While the object of the work is essentially a practical one, yet the subjects are treated in an exhaustive and authoritative manner. We might rightly regard each article as an exhaustive description of the disease, with the newest facts concerning causation, symptomatology, diagonsis, treatment, etc The recent advances made in the study of the bacterial origin of various diseases is recognized and fully described. We are much pleased with the minute and careful attention given to the methods of diagnosis, thus enabling the reader to learn the very latest methods of investigation. There is much that is new in the way of treatment also. We understand the second volume will equal this in size, about one thousand pages, and will be, as is this, well illustrated. The editor has selected, as his contributors, those who are well known as teachers and writers of some special department of medicine. As teachers in American colleges they may be said to represent the subjects as taught in our own country. The character of the work, the pre-eminence of the editor as an authority and the ability of his associates, all combine to guarantee a liberal reception by the profession of this latest work on practice.

Manual of Chemistry. A Guide to Lectures and Laboratory work for Beginners in Chemistry. A Textbook, specially adapted for Students of Pharmacy and Medicine. By W. Simon, Ph. D., M. D., Professor of Chemistry and Toxicology in the College of Physicians and Surgeons, Baltimore, and Professor of Chemistry in the Maryland College of Pharmacy. New (4th) edition In one 8vo volume of 490 pages, with 44 woodcuts and 7 colored plates illustrating 56 of the most important chemical tests. Cloth, $3.25. Philadelphia: Lea Brothers & Co. 1893.

It has been a number of years since we thought it necessary to read the pages of a chemistry, and yet we finished the first fifty pages of this book at the first sitting. It was because of the author's clear and interesting way of putting things. This forms no small part of the reason why the work has so rapidly reached its fourth edition. To be a successful teacher the great art of making things clear must be thoroughly mastered. The colored plates form an unique feature of the book. Here is a permanent and accurate standard of comparison for tests depending on colors, and frequently upon their changes. The general practitioner not unfrequently finds himself confronted with important pathological or toxicological questions to be answered by the test tube. To such an one this volume will be most welcomed. When we notice the substantial binding of this edition, the superior quality of the paper and the illustrations we cannot but think of the advance in the publisher's work, even in our own day.

Elementary Physiology for Students. By Alfred T. Schofield, M. D., M. R. C. S.; Late House Physician to the London Hospital; Special Lecturer National Health Society. In one handsome 12mo volume of 385 pages, with 227 engravings and 2 colored plates. Cloth, $2. Philadelphia: Lea Brothers & Co.

This is a very compact text-book, just such an one as the crowded, crammed medical student needs. We have often said that there are three kinds of text-books on physiology: one, for the student; one, for the physician; and one, for the teacher. In other words, certain authors treat their subjects in such a manner that the needs of but one of these three classes is most fully met. So we say this volume is pre-eminently for the medical student. Definitely ascertained facts are given concisely and at the same time clearly. The use of heavy type for important headings enables the reader to grasp the subject quickly and understand the points at issue. The work is unusually well illustrated. In only 385 pages there are no less than 227 beautiful engravings, be-

sides two colored plates containing 30 figures. We are not risking anything in stating that a favorable reception of such a work seems assured.

AN INTRODUCTION TO THE STUDY OF DISEASES OF THE SKIN. By P. H. Pye-Smith, M. D., F. R. S., F. R. C. P., Physician to the Department of Cutaneous Diseases in Guy's Hospital, London. In one handsome 12mo volume of 407 pages with 28 illustrations, 18 of which are colored. Cloth, $2. Philadelphia: Lea Brothers & Co. 1893.

This is an epitome of dermatology, especially valuable as it comes not only from a distinguished dermatologist, but also from one no less distinguished as a general practitioner. The book then may be said to be the work of a general practitioner who, as physician to the Department of Cutaneous Diseases in one of the largest London hospitals, has had ample experience in dealing with diseases of the skin. The author is also well known in connection with the subject by reason of his frequent contributions to its literature. The volume closes with a section of formulæ which will prove suggestive and useful to all who meet in practice with this troublesome class of diseases.

TRANSACTIONS OF THE AMERICAN PEDIATRIC SOCIETY. Fourth Session. Held at Boston, May 2, 3 and 4, 1892.

We are indebted to Dr. S. S. Adams of this city for these transactions. Dr. Adams is secretary of the society, and a liberal contributor to its literary life.

PSYCHOPATHIA SEXUALIS, *with Especial Reference to Contrary Sexual Instinct.* A Medico-Legal Study. By Dr. R. von Krafft-Ebing, Professor of Psychiatry and Neurology, University of Vienna. Authorized translation of the seventh, enlarged and revised, German edition. By Charles Gilbert Chaddock, M. D., Professor of Nervous and Mental Diseases, Marion-Sims College of Medicine, St. Louis. In one royal octavo volume, 436 pages, Extra Cloth $3.00 net; Sheep, $4.00 net. Sold only by subscription. Philadelphia: The F. A. Davis Company, Publishers, 1914 and 1916 Cherry Street.

This work may be called a guide in the study of the concrete case of sexual crime; or a philosophical treatise on the inter-relations of sexual criminality, disease and criminal anthropology. It is a broad and systematic arrangement of our knowledge of psycho-sexual phenomena, and demonstrates how important mental therapeusis must ultimately become in the hands of the physician. The courts have constantly to deal with sexual crimes in which the responsibility of the accused comes in question, and the knowledge of sexual pathology which this volume imparts will, in such cases, be of inestimable value. The medical profession should know the facts as related in this book, but we cannot believe that the general public would, on the whole, be the better for such knowledge. Therefore, we heartily commend the work to our professional friends, but not to our non-professional ones.

MODERN HOMEOPATHY: *Its Absurdities and Inconsistencies.* By William W. Browning, A. B., LL. B., M. D., Lecturer upon and Demonstrator of Anatomy, Long Island College Hospital, etc. Published by Dr. Geo. M. Gould, 119 South Seventeenth Street, Philadelphia. Price, seventy-five cents a dozen.

This is the essay to which was awarded the prize of $100 offered by Dr. Geo. M. Gould of Philadelphia. Dr. Gould designs the work for distribution among physicians in order to disseminate more enlightened views upon the subject of which it treats. But we fear the doctor will not accomplish all that should be expected from such an essay. It is too much like trying to convert a man from the evils of tobacco. He will admit all you say and close the interview by lighting a fresh cigar! The believer in homeopathy will not dispute any of its absurdities or inconsistencies, and even may admit them all; but no sooner said than he will send for his family doctor whose medicine is so easy to take. However, to an old regular like the editor, this is most entertaining reading, and will be enjoyed by friend and foe alike.

A CASE OF SUPPURATING ETHMOIDITIS. By Dr. J. H. Bryan of this city. This is a reprint of an article read before the American Laryngeal Association and published in a late number of the *New York Medical Journal.*

The history and successful treatment of a case is given and some general comments made on the affection.

PRICE LIST OF PARKE, DAVIS & COMPANY.

Worthy of especial note is this for the elegance of the binding and the beauty of its illustrations. The latter are from the Calvert Lithograph Company, printed in colors, and are as numerous as they are handsome.

THE USE OF ERGOT IN THE SECOND STAGE OF LABOR. By Dr. Thomas C. Smith of this city.

This is a reprint of an article read before the Washington Obstetrical and Gynæcological Society and published in a recent number of the *American Journal of Obstetrics.* The object of the paper was to establish the two following points:

1. The deleterious effects produced by ergot, in cases where its use was clearly indicated or justifiable, were due to the

administration of excessive doses, which therefore produced a tetanic condition of the uterus.

2. By the exhibition of ergot in small doses in cases where its use is indicated or justifiable, the intermittent action of the uterus may be secured and the labor terminated without detriment to mother or child.

The Woman's Medical Journal. And why not? The women are always a source of uninterrupted surprises and this is only what we should expect. The idea is so unique as well. For never since the days of Father Æsculapius has the world ever looked upon a "Man's Medical Journal." Our journals have been written and published alike in the interests of all members of the medical profession and, we might add, of all the members of the human race. But "specialism in medicine" has arrived at such a degree of exactness that we have a monthly magazine "devoted to the interest of women physicians." As we are not a "woman physician" it is to be supposed the journal will have no interest in us, nor are we to be concerned about its success; yet somehow we would like to see the young child speedily grow to maturity, until it arrives at such an age "about twenty, say," that further progress would seriously jeopardize its usefulness. But, my dear child (and we speak as one advanced in years, being ourselves over two years of age!), you do not need that insert for advertisements. It mars what would otherwise be a very clean and attractive face.

The Popular Science Monthly.—This interesting magazine for May is filled with a number of articles especially suitable to the physician's study. Among them we notice, "Discovery of Alcohol and Distillation," and "Dietary for the Sick." The latter is by Sir Dyce Duckworth, M. D., LL.D., Physician at St. Bartholomew's Hospital, London. "Human Ideas and Feelings" is an article by Professor Mills, of McGill University, Montreal. It is a study based on the need of a better understanding toward the lower animals. If we could see animals in their true light the whole current of their feeling toward us would often be changed.

Letters to a Young Physician.

My Dear Doctor:—I told you a few months ago that one of the letters I had received was from a young graduate who asked if much of future success depended upon the "location" a doctor might choose. To this I replied substantially as follows: If the only or the pre-eminent thought in the mind of the young doctor is to acquire money from his professional knowledge, then very much depends upon the location. Such a doctor would not think of locating in a neighborhood where no land had been dedicated to the uses of a cemetery; neither would he be wise in locating in a village which history proved was most noted for the rapid emigration of all young physicians who tried to become established there. He would rather choose a malarious, poorly drained section of the country; a village where epidemics were frequent; or a city often visited with pestilences. He might get a position as surgeon or assistant surgeon to some mining camp, or try his skill as attending surgeon to some large factory. In all these places the young doctor would soon find work and probably get his pay for it. But, to my thinking, this is all wrong. In choosing a location seek first a place in which you will be content to live; a place to which you would like to bring your new wife; and in which you could surround her with proper social and educational advantages. Certainly you would not desire to take your family to a sickly home or surround them with miasmatic and poisonous air! If you love the country and understand its people, then choose a healthy village, surrounded by a thrifty community of hard working men and women. Here "once the physician always the physician." You will enter into the very lives of the people, and will be trusted with all their secrets and hopes. You will not die rich, but you will live a life surrounded on every hand with opportunities for doing good, and after your work is finished your family can ever cherish the thought that a whole community called you "blessed." If you select a city—but I will answer this in a few days.

Very sincerely yours,

The Review.

THE
NATIONAL MEDICAL REVIEW.

VOL. II. WASHINGTON, JUNE, 1893. No. 4.

THE EDITOR'S TABLE.

Be Careful of the Top Bar.

The old Code seems unnecessarily severe in many points and if one of these be picked out and taken by itself it could be made to look almost ridiculous. Yet a more careful study of the question will show that in nearly every instance such restrictions are necessary in order that the whole structure may hold together. These thoughts occur to us as we read the ideas from the editorial pen of a St. Louis physician. He raises the question why physicians "decently, delicately and properly" cannot advertise their calling to the public. But what is "decent, delicate and proper" in St. Louis might shock the more sedate, dignified and modest brethren of their neighboring metropolis! In other words, what is meat to the one might be poison to the other. To our thinking this proposed encroachment on protected feeding grounds is the legitimate outgrowth of the removal of the top bar! The fence is now a little lower and our St. Louis editor would gather himself up for a leap over. This top rail to the bars was labeled "Practice limited to diseases of——." It certainly does not look in the least improper to announce on a card or sign that the doctor limits himself to certain diseases. Yet we believe it was the top bar and for the sake of preserving the continuity of the whole should not have been removed from its protective position between the well-trodden paths of professional etiquette and the broad fields of the newspaper devices of the quack.

Death of Dr. Hamilton E. Leach.

The death of Dr. Hamilton E. Leach of this city occurred on the morning of May the ninth, at his residence, No. 722 Thirteenth Street. Dr. Leach had been a sufferer from tuberculosis for over four months, during which time all possible aid was procured for his relief, but in vain. He had been in the active practice of his profession for over twenty years, all of which was spent in this the city of his birth. He will be remembered especially by the profession of this city as the most efficient organizer and chief of the Hospital committee which rendered such valuable services during the Grand Army Encampment. Dr. Leach was a man of genial temperament and had many warm friends.

Therapeutics of Iron Illustrated.

This city has been visited again with some most remarkable exhibitions of artistic representations of "before and after" taking. Were the subject really not so serious we should be inclined to treat it as a joke; but as it is we can only regret that any body of business men could have a low enough estimate of the mental capacity of the medical profession to think, for one moment,

that such gaudy and gauzy representations would produce more than a sensation of stupendous astonishment! Such a preparation deserves better treatment from the hands of its business managers.

"An Honest Livelihood."

The will of Rufus Hatch, the Wall Street banker, discloses to the public some of the ideas of its writer. Mr. Hatch does not want any of his boys to speculate in stocks, "as one gambler in a family is enough." He warns them against the use of tobacco and ardent spirits and gives advice concerning their education. On this point he says: "I do not wish my boys to go to college, but to receive a commercial education. Should any of them, however, wish to become a lawyer, doctor or clergyman, then he may go to college; but I much prefer that my sons should learn a mechanical trade, so that they will always be sure of an honest livelihood."

A Sign of the Times

While the power of the printing press exceeds all calculation, yet, now and then, something occurs which gives us a hint of its mighty sovereignty. The news comes to us that the "safe kidney" man, H. H. Warner, has failed, while the liabilities loom up to over a million of dollars. Can it be possible the people are beginning to understand what they read? But if such enlightenment should come to the public what would papers like the Washington *Post* do? It would get no medical advertisements, and then, is it possible the paper would not pay expenses?

Parallel Case to Colonel Elliott F. Shepard.

We chanced to see a late number of the San Francisco *Daily Call* and in it noticed an article on a case parallel to that of Colonel Shepard. In the year 1873, on January 8, there died at Camden Place, Chiselhurst, England, the Emperor Napoleon III., of France, under conditions closely analogous to those of Colonel Shepard. Doctors Corvisart and Conneau had diagnosed stone in the bladder, of the soft or phosphatic kind. The Emperor underwent operations on January 2 and 3, 1873, and it was noticed in each case that there was a manifest tendency to sinking or "heart failure." It was the knowledge of this fact that caused the knowing ones in London newspaper circles to await the third "sitting" on January 8 with more than usual vigilance and anxiety. It was announced that Sir Henry Thompson, the great specialist, would be in attendance at 10 A. M. At 11 o'clock the Emperor was dead. The Emperor's pulse, strong and full at the commencement, suddenly failed, and, in fact, death ensued before the crushing operation had been actually commenced. He died so quickly that there was only just time to send for the Empress and have the last rites of the Catholic Church administered. The Prince Imperial did not arrive from Woolwich till all was over.

The autopsy disclosed the fact that death was caused by a heart clot, but that the kidneys, ureters and bladder were so extensively diseased that a fatal issue must have ensued in any case.

There were present at the death Dr. le Baron Corvisart, Dr. Conneau and Sir Henry Thompson, representing the best surgical skill of England and France. Not the slightest imputation was conveyed that there had been any negligence, or that the fatal termination could have been prevented.

National Bureau of Medical Bibliography.

It may not be generally known to our readers that the Library of the Surgeon General's Office, U. S. A., is the largest medical library in the world, and contains more than three-fourths of all the medical literature ever published, and

ninety per cent of all the medical literature of the last ten years, yet such is the case. All this great storehouse of valuable information is indexed and classified up to date, under its appropriate subject; and it is now, through the medium of this National Bureau, for the first time made accessible to the busy practitioner, lecturer and author the world over.

The persons at the head of this Bureau are residents of this city and have had over a quarter of a century's experience in this line of work. They enter upon the management of this Bureau with confidence of rendering a great service to the medical and literary men and women of the land at a comparatively small cost to them.

State clearly what is the information desired and full particulars as to terms, etc., will be furnished promptly. Address the Bureau at 102 Ninth Street, S. E., Washington, D. C.

"One of the Brightest and Most Readable."

The editor of *Modern Medicine*, Dr. J. H. Kellogg, of Battle Creek, Mich., has the following "sparkling" words to offer:

"THE NATIONAL MEDICAL REVIEW, by C. H. Stowell, M. D., editor and publisher, Washington, D. C., is, what its title indicates, a *medical review*. It is one of the brightest and most readable journals that comes to our table. Every page has something sparkling on it from the pen of the editor, who puts himself into his journal in a way which indicates that he loves his work and knows how to do it. Each number of the journal contains a new installment of "Letters to a Young Physician," which contain a fund of good advice that it would be well if every young physician could read and heed."

The diffidence and timidity which form such marked traits in the character of every editorial functionary naturally restrain us from publishing such extracts! However, having put ourselves into our journal, as quoted above, this is the only way to get out of it!

She Fusses Too Much.

We know what is the matter with him, and have known it all along. He is very delicate, and the least draught of air will throw him into a chill. He suffers from cold feet and darting pains and has the most miserable kind of an appetite. He is either greatly depressed or highly elated and has an abiding conviction that he is soon to be called to render up his accounts. He believes in faith-cure and Christian science, yet he is the constant patron of his family physician, thanks to his faithful wife. Poor woman! She warms his shoes for him every morning, for fear they may be a trifle damp. She gets all the clothing ready so he may jump into them quickly without too long exposure of the body to the air. She feels of his head for fear it may be too hot and chafes his feet that the circulation may be good for the day. We might prolong the picture in this line for a whole page and yet it would not be overdrawn. The poor careworn, anxious wife declares "he is so delicate," and he, the fool, thinks he is. Now what is the diagnosis in this case? She fusses too much! If such men had no one to fuss over them, they would become strong and well within three months. We often write of the nervous, hysterical woman; but deliver us from the grunting man spoiled by the mistaken kindness of a devoted wife.

Our Seventy-fifth Anniversary.

By referring to later pages in this number several reports of committees will be found, all referring to the seventy-fifth anniversary of the incor-

poration of the Medical Society of the District of Columbia. It will be noticed that things are in good moving order already and that it is not putting the case too strongly to declare that this will be the most complete celebration ever given by the profession of this city. It is the purpose of the committee also to make the banquet one of the most brilliant of its kind ever witnessed by the fraternity. Of course all members of the Society will make an effort to be present.

The Nude in Art.

Our very prudish miss of forty thinks the nude in art is perfectly shocking, yet she studies with much care the human skeleton as she finds it in our medical museums. She appears to forget that it is the artist who is shocked at her boldness in thus gazing at the bare bones. Therefore, with paint and brush he covers the nakedness with flesh and blood, and thus clothed, asks her to behold the noblest work of all. The motto of the Puritanical maiden of the uncertain age seems to be: "Nothing at all or over-much." We must be content with the bones, or must add the silks and satins, frills and feathers, ulsters and arctics!

Water "Above Suspicion."

The Imperial Bureau has issued a number of rules for the benefit of the German people as wise precautions against cholera. One rule is to "drink only such water as you know to be above suspicion." We have a faint recollection of having heard once that Cæsar's wife was "above suspicion," and we have unfortunately known a few persons who were far "above suspicion" of ever having performed a charitable deed, but we have hitherto been unaware that H_2O ever needed any watchful oversight. What does water do when it acts suspicious?

Our Medical Colleges.

It is with great pride that we make the following statements concerning the prosperity of the Medical Schools of this city. The profession of the whole country has reason to rejoice at the strong advance movements of the colleges in this Capital City.

Columbian University.—The college year of the Medical Department of this University closed its seventy-second session with the largest class in the history of the institution, the number in attendance being 164 and the number of graduates 31. With the next session *a four-years' course will be required.* During the summer the laboratories will be enlarged and increased, facilities provided for the practical study of Chemistry, Bacteriology and Histology. Four new manikins have been imported for the practical demonstration of bandaging to the minor surgery class. The dean of this college, Dr. A. F. A. King, informs us that the clinical instruction in the various hospitals of the city will now compare favorably with New York and Philadelphia.

Georgetown University.—The Dean of the Medical Department of Georgetown University, Dr. G. L. Magruder, reports the past year as one of the most prosperous in the history of the college. There was an attendance of 127 students, with a graduating class of 25. The laboratories are well equipped with all necessary instruments, and every needed facility offered. The prospects for next year are more encouraging than ever before. *A four-years' course will be inaugurated.* A very large addition to the college building will be erected, giving new laboratory rooms; new dissecting-room; museum, and reading-room. Work has already commenced on this addition. The new dissecting-room will have two thousand feet of floor surface. The front

will be brought out eighteen feet to the building line and another story will be placed over the entire building.

Howard University.—The Dean of the Medical Department of Howard University, Dr. C. B. Purvis, reports the number of students in attendance the past year as 126, with a graduating class of 22. The college year in the future will be *four years of six months each.* The microscopical laboratory has been very much enlarged, a room 40x30 having been provided for the purpose. A bacteriological laboratory has also been added. The college will have a training school for male and female nurses, white and colored, beginning October 2. Dr. Ernest King will be one of the Assistants to the Dispensary Clinic, and Instructor in Outdoor Midwifery. Dr. Wm. W. Alleger will be the Instructor in Bacteriology, Dr. Mary E. Morrison will be one of the lecturers in the Training School, and Dr. Wm. Ash one of the Assistants in the Dental Department.

National University.—The President of the Medical Department of this University, Dr. John T. Winter, informs us that this school was the first in the District to recommend a *four-years' course* of study; and also the first to offer scholarships to the graduates of the Washington High School. Women are admitted, subject only to the same rules that apply to other students. The school has had great prosperity considering its age, and the prospects are even brighter than ever for the days to come.

THE PROGRESS OF MEDICINE.

Administering Chloroform During Sleep.

In reading the December number of your journal I was much interested by a short paragraph relating to the administration of chloroform during sleep. As the subject seems to be of especial importance from a medico-legal standpoint, I am prompted to send you notes of a case in which I gave the well-known A. C. E. mixture, during sleep, for the purpose of producing anæsthesia preparatory to amputation of the tongue. The operation in the case referred to was described by the operator, Dr. Hamilton E. Leach, in the November issue of the REVIEW. The patient, a boy of thirteen years, was to be operated on during the earlier part of the afternoon, and feeling slightly indisposed, he had lain down on his bed and had fallen asleep. It had been decided to anæsthetize him in the ward and carry him from there to the operating room. When I entered the ward I found the little fellow asleep and decided to try to give the anæsthetic without awakening him. In this I was successful. He took the anæsthetic quietly and without struggling, having no appreciation of what was occurring between the time of his falling asleep and of waking after the operation. I did not call the attention of Dr. Leach to the above facts until after I noticed the report of Dr. Northrup's case.

O. A. M. McKIMMIE, M. D.
Washington, D. C. 1333 N. St.

Celebration of Seventy-fifth Anniversary.

At the meeting of the Medical Society of this city for April 5, Dr. C. H. Stowell called attention to an old book in his possession—Burch's digest, 1823—which contained the original charter of the Society, and said that February 16, 1894, would be the seventy-fifth anniversary of this Society. It would be interesting to have a complete history of the Society prepared for the anniversary so that the future historian could keep it up to date. He said he was one of the more recent members so he would simply throw out a hint to one of the older members to make a motion to appoint a committee to consider the subject.

Remarks by Dr. S. C. Busey.—Dr.

Busey moved that a committee of three be appointed to consider the propriety of celebrating the seventy-fifth anniversary, and recommend such action as they may deem proper. The motion was adopted and the president appointed Drs. Busey, Stowell and Smith as the committee.

Report of Committee. At the meeting of the Society for April 19, the above committee reported as follows: "The Act to Incorporate the Medical Society of the District of Columbia" was approved by President James Monroe on the 16th of February, 1819. It follows, therefore, that the 16th of February, 1894, will witness the Seventy-fifth Anniversary of the incorporation of the first medical society of the District of Columbia. It seems eminently proper and desirable to your committee that this occasion should not be allowed to pass without due notice being taken thereof.

Situated at the Capital of this great Nation, it must be true that there is a greater probability of the perpetual continuance of this Society than of any other like body of medical men.

That the older members of this Society are fast passing away is brought freshly and forcibly to our minds by the recent loss of two of our ex-presidents. From this it would appear that if it be desirable to make a record of the early years of our existence, we cannot begin that work any too soon, and that such a record would be desirable, your committee believe we are all agreed.

We would, therefore, most respectfully recommend that: The seventy-fifth anniversary of the incorporation of this Society be celebrated, in a manner hereafter to be determined, on or near the 16th of February, 1894.

Believing that the time is none too long to complete all necessary arrangements for such a gathering, your committee would suggest—provided favorable action be taken on the above report—that a committee of five be appointed to report to this Society, at an early a date as possible, a program for such anniversary.

Upon motion of Dr. T. E. McArdle, the report was accepted, and the President appointed the following committee: Drs. Busey, Stowell, Smith, McArdle and S. S. Adams.

Report of Above Committee. At a meeting of the Society for May 10, the above committee reported as follows: "In compliance with the instructions of the Society your committee recommends that the seventy-fifth anniversary of the Society be commemorated by a public meeting, to be held on the evening of February 16, 1894, at which the program shall be as follows:

Prayer by a distinguished clergyman.
Congratulatory address by an invited guest.
Response by the President of the Society.
An address—"History of the Society"—by a member.
An address—"History of the Medical Colleges in the District"—by a member.
An address—"History of the Hospitals in the District of Columbia"—by a member.

The expenses of this public meeting, including music, to be paid out of the treasury of the Society.

The exercises of the public meeting to be followed by a banquet, the expenses of which must be defrayed by the voluntary subscriptions of the members, to which such distinguished persons may be invited as may hereafter be named by the Committee of Arrangements, with the consent of the Society.

It further recommends that a committee of arrangements, consisting of seven members, be appointed by the chair, which shall be charged with the execution of the program; be authorized to appoint all subcommittees, and prescribe the duties thereof; shall select, with the consent of the Society, the persons to make the addresses; shall nominate to the Society for confirmation the invited guests; shall make all arrangements for the banquet; and shall have full and complete power to perform all other duties which may pertain to the full, complete and satisfactory execution of the ceremonies of the Seventy-fifth Anniversary of the Medical Society of the District of Columbia. This report was unanimously adopted and at the meeting of the Society for May 10, the president appointed the following Committee of Arrangements: Drs. Busey, Stowell, Smith, McArdle, S. S. Adams, Ober and Snyder.

Report of Above Committee. At the meeting of the Society for May 24, the above committee reported as follows:—"To deliver the address entitled 'History of the Society,' Dr. W. W. Johnston; to deliver the address entitled 'History of the Medical Colleges in the District of Columbia,' Dr. Thomas C. Smith; to deliver the address entitled 'History of the Hospitals of the District of Columbia,' Dr. J. Ford Thompson."

"The following are the invited guests: The President and Vice President of the United States; the Speaker of the House of Representatives; the Chairman of the Committees on the District of Columbia of the Senate and House of Representatives; the Presidents of the University of Georgetown, the Columbian University, Howard University, and the Chancellors of the National University, the Catholic University of America, and the American University; the Surgeon-General of the Army; the Chief of the Bureau of Medicine and Surgery of the Navy, and the Supervising Surgeon-General of the United States Marine Hospital Service. The committee also recommend that an invitation be sent to each of the following medical societies in this country, which were organized more than seventy-five years ago and are now in existence, to send representatives, each one, to this anniversary celebration, as follows:—

New Jersey Medical Society,	organized	1766
Massachusetts Medical Society,	"	1781
College of Physicians of Philada.,	"	1787
New Hampshire Medical Society,	"	1791
Connecticut Medical Society,	"	1792
Medico-Chirurgical Faculty of Md.,	"	1799
New York Medical Society,	"	1806
Albany Medical Society,	"	1806
New York County Medical Society,	"	1807
Rhode Island Medical Society,	"	1811
Vermont Medical Society,	"	1814

"Your committee also recommends that the transactions and proceedings relating to the celebration of the seventy-fifth anniversary be published in pamphlet form for the use of the members, and that the committee be authorized to appoint an editor of this publication.

"The committee also recommends an appropriation of fifty dollars to defray the current expenses of the committee." This report was unanimously adopted.

Movable and Displ ced Kidney. At the meeting of the Medical Society of this city for April 12, the discussion was upon a paper read at a previous meeting by Dr. S. C. Busey, entitled "Movable and Displaced Kidney."

Remarks by Dr. T. C. Smith.—In opening the discussion Dr. Smith said that Dr. Busey had not referred to the mortality in these cases. Another point he wished to raise was that there had been no deaths in Dr. Busey's series, therefore his diagnosis had not been confirmed or negatived by a post-mortem examination. In one of the cases the trouble had been diagnosed as perityphlitis. May there not have been perityphlitis and subsequently a displaced kidney?

Remarks by Dr. Busey.—Dr. Busey replied that he had not said in his paper that there had not been perityphlitis. He said there was one case where such a history was given. In regard to the confirmation of his diagnosis by post-mortem examination he thought such cases did not need doctors. His great aim was to make a diagnosis without waiting for post-mortem examinations. He did not know that a movable kidney ever did prove fatal. The only fatal cases he knew of were where the kidneys had been extirpated, or where they should have been extirpated because of sarcoma or cancer. He had stated that a wandering kidney did but little harm except with a long pedicle it should become entangled with the intestines. He would state that a movable kidney may exist without any history. There have been cases where no history of suffering had been given. It was the highest aspiration of medicine to make a diagnosis and save the patient's life. There was no doubt but that mistakes had been made many times in cases of movable kidney. Lawson Tait had prepared to remove gall stones but found none to remove. The case was afterward operated upon for movable kidney with relief of the symptoms.

Remarks by Dr. James Kerr.—Dr. Kerr said he had not given the subject of movable kidney much thought. But it is important to distinguish between a

movable kidney and other varieties of abnormally placed kidneys, and this distinction should be borne in mind. It is very important to distinguish between a movable and an atrophic kidney, which he supposed Dr. Busey meant by wandering kidney. Wandering kidneys gave no trouble, and movable kidneys gave very little. None of the symptoms are renal, while a considerable majority of them are referable to an entirely different set of organs, and occur in that class of patients who have a great variety of symptoms and are in poor health. He did not believe they were caused by the loss of any peri-renal fat, else why do not emaciated people have displaced kidneys? He thought such cases might be due to some peculiar anatomical condition. He had recently had two cases illustrating the movement of the kidneys. In one case it went as low as the superior spine of the ileum, but there were no symptoms due to the kidneys; it had never given any trouble and had existed for years. There is no possibility of diagnosing between a floating and a movable kidney. He was inclined to look with suspicion upon many of the reported cases of movable kidney. He should be very guarded in diagnosing a movable or wandering kidney, as a fatty tumor of the omentum may simulate it so closely as to make it almost impossible to distinguish between them. The kidney is the one organ, to use a common expression, we cannot monkey with. We may take out the ovaries, we can cut out portions of the intestines, and but little injury results. Nephrorrhaphy does not do the kidney any harm, at least it does not if well done, but we are not all sure we can do the operation without doing harm. Such an operation as nephrectomy should never be performed. Nobody ever dies from a wandering kidney.

Remarks by Dr. Busey.—In closing the discussion Dr. Busey replied to the remarks made by Dr. Smith and then stated that Dr. Kerr had said he did not believe movable kidney could be so common as reported, because it was not associated with any symptoms of kidney disease. It is a fact it does exist, however, in spite of Dr. Kerr's skepticism, and has been recognized for many years without being attended by any symptoms indicating renal disease. Movable kidney not only exists without any symptoms pointing to the kidney, but it may exist without any symptoms at all. No one has ever explained why movable kidney is associated with symptoms referable to the pelvis or to the digestive tract. He was not prepared to state how frequently this condition existed, but it is stated by physicians, whom we must believe, that it is very frequent. Dr. Busey said that a member of the Society had informed him within the past week that since his attention had been directed to the subject he had found six cases within the last year, while he (Dr. Busey) had seen only nine cases in four years. In speaking of the treatment Dr. Busey said that a properly adjusted bandage gave great relief in suitable cases, and in two of his cases the relief was so great that one would not suppose there was any trouble at all. The operation for the attachment of the movable organ had given good results, with a mortality smaller than any other operation. The removal of the kidney should not be resorted to except when there is a cancerous condition.

Dr. Jos. T. Howard related a case of movable kidney with a radius of about two inches.

Apoplexy During Pregnancy.

At the meeting of the Medical Society of this city for April 19, Dr. Mary A. Parsons read a paper on Apoplexy during Pregnancy with the report of a case. The case was reported in detail and was interesting from the fact that after suffering for a short time from intense pain in the epigastrium and vomiting, which were treated by appropriate remedies, she fell asleep, "breathing like a tired child with a little moan at each expiration." The husband awakened suddenly from a deep sleep and failed to hear her breathing. A neighboring physician, hastily summoned, found life extinct, and decided that the patient had been dead some time. The post-mortem, conducted by Dr. D. S. Lamb, revealed a dark blood clot at the base of the brain, surrounding the medulla oblongata. The blood had apparently es-

caped from the ventricles, which were filled with blood and clots.

Narcotics and Narcosis. At the meeting of the Medical Society of this city for April 19, Dr. J. S. McLain read a paper on Narcotics and Narcosis, and exhibited the apparatus for forced respiration as invented and used by Dr. Geo. E. Fell, of Buffalo, N. Y. In discussing the treatment of narcosis the author said that belladonna and its alkaloid are of but little use; and if used at all are to be used for the purpose of maintaining the action of the heart until elimination has taken place. For this purpose only minute doses are required, as the 1-120 grain of atropia, cautiously repeated. After the usual means have been resorted to, to hasten the elimination of the poison from the blood, through the usual channels, the kidneys, the liver, the skin, and the intestinal and salivary glands, the main reliance is to be placed upon the galvanic battery, and artificial and forced respiration. Digitalis may be given with the idea of sending the blood more quickly to the lungs, to obtain a greater degree of oxygenation; while strychnia and caffeine, especially the latter, are useful. The cold douche is of the greatest service. Cold water applied with a strong atomizer, spraying it freely on the head and naked chest and back, is very useful. The practice of whipping the patient, and pinching and pounding him to keep him awake seems to the author to be useless and bordering on the inhuman. Inhalations of ammonia, and better still, of amyl nitrate, have proved of the greatest service. Where death is threatened through default of the respiratory centers, great benefit may be expected from the use of trinitrin, a single drop of a ten per cent solution, in alcohol, being placed inside the mouth. If respiration continues to fail the battery should be brought into play, applying one pole to the nape of the neck, the other to the epigastrium. Lastly, artificial respiration should be resorted to. The author then described the apparatus used by Dr. Fell and showed its method of work. The apparatus has been before the profession now for about three years and over twenty-five human lives have been saved by its use.

Remarks by Dr. J. T. Howard.—Dr. Howard had seen a number of cases of narcosis during the past six years, as they were brought to the Emergency Hospital. They were given magnesium sulphate, hot water, apomorphia, and cardiac and respiratory stimulants. He thought apomorphia better than the stomach pump.

Extra-Uterine Pregnancy. At the meeting of the Medical Society of this city for April 26, three cases of extra-uterine pregnancy were reported by Drs. J. Taber Johnson, Robert Reyburn and I. S. Stone. The specimens were also presented.

Remarks by Dr. S. C. Busey.—Dr. Busey said the Society should congratulate itself upon the presentation of three such specimens, as it was the first time that lives had been saved in this city under similar circumstances; and now we have two successful operations out of three specimens presented. In Dr. Reyburn's case the pregnancy was stated to be not more than two weeks, hence it is remarkable that a ruptured tube should cause a fatal hemorrhage at such an early date. From the clinical history extra-uterine pregnancy was difficult to diagnose, as one would hardly have suspected it. The case presented by Drs. Johnson and Smith was of special interest to him. It presented a curious clinical history. This patient had been ill for a long time and had symptoms of septicæmia. Dr. Busey was in doubt as to the locality, as the abdomen was very sensitive over the mass, which made a thorough examination at the time impossible. However, he had passed his finger into the internal os. Owing to the difficulty attending the examination, dilatation under anæsthesia was determined upon at the consultation.

Remarks by Dr. Thomas C. Smith.—Dr. Smith said the history of Dr. Reyburn's case emphasized the point that he had raised, viz., that when the hemorrhage is into the peritoneal cavity the case is hopeless. Such was the history of the case he presented last fall; indeed, the doubt increased as they watched the

patient and the diagnosis became more difficult.

Remarks by Dr. Robert Reyburn.—Dr. Reyburn called attention to a paper written by Goodell, and published in the *Medical News*, April 15. Three points in the diagnosis of extra-uterine pregnancy are considered. A diagnosis was difficult in his case owing to the incomplete history and the fact that she was moribund when he first saw her.

Remarks by Dr. J. Ford Thompson.—Dr. Thompson said the specimens presented show three different conditions. The most interesting is that presented by Dr. Reyburn, as from it we could learn something; the others are simply specimens of the good results of abdominal surgery. The surgeon saves many lives by simply operating for a tumor in the abdominal cavity. An early diagnosis in these cases is difficult and lives will continue to be lost so long as physicians put off the operation until a positive diagnosis is made. It is hard to determine when to give up a case; but the surgeon should operate if he was sure there was bleeding into the abdominal cavity, no matter how near death the patient seemed to be. By doing so he might save a life; and even if he did not save it he would have the satisfaction of believing that he had done all he could for his patient.

Remarks by Dr. I. S. Stone.—In reply to a question from Dr. Schæffer, Dr. Stone said that had he been sure he could have enucleated the sac he would have done it. Very few cases of this kind can stand a prolonged operation.

Remarks by Dr. J. Taber Johnson.—Dr. Johnson spoke of the difficulty of making a positive diagnosis in such cases, and gave the experience of a distinguished operator in a neighboring city in making a mistake in his diagnosis of an extra-uterine pregnancy. When he opened the abdominal cavity he found the product of conception in the uterine cavity.

Hydrothionuria. At the meeting of the Medical Society of this city for May 3, Dr. J. Foster Scott read a paper on hydrothionuria, with a report of four cases.

Remarks by Dr. J. Taber Johnson.—Dr. Johnson said he had never recognized a case of hydrothionuria, and until this evening had known nothing about the subject. He thought that if we were on the watch for these cases we might be able to demonstrate it in many cases where slow convalescence, peculiar complications, continued high fever, etc., now puzzle us. If he ever detected any overpowering odor of H_2S in these patients he would thank Dr. Scott for calling his attention to the matter.

Remarks by Dr. Scott.—In closing the discussion Dr. Scott said he thought there were many cases which were not recognized. He had no doubt there had been dozens of cases in Washington, yet Dr. Kolipinski was the only man in the city who had ever before reported a case. Hydrothionuria has a distinct diagnostic value. If H_2S be detected in the urine it should lead you to wash out the bladder, or it will point to the existence of a pus sac somewhere in the body, or pus tubes, or gastro-intestinal catarrh, or perforation of the intestines. If H_2S is in the urine and its presence cannot be accounted for by any condition of the bladder or a gastro-intestinal catarrh, then the existence of pus in some part of the body is indicated and this leads to a resort to surgery.

Two Cases of Hysterectomy. Dr. J. Taber Johnson reported two cases of hysterectomy performed at his private hospital, at the Medical Society meeting for May 3. The details of each case were given and at the time of the report both patients were doing well.

Alkaloids of Pilocarpus. At the meeting of the Medical Society of this city for May 10, Dr. D. W. Prentiss presented specimens of the alkaloids of pilocarpus, with the plant and leaves. He said the pure liquid, jaborin, dilates the pupil and diminishes the glandular secretions, while pilocarpin contracts the pupils and increases the secretions. He showed specimens of hair which had turned black during the administration of pilocarpin. Jaborin does not affect the hair. In one case he had experimented with pilocarpin to determine its effects upon the hair. After two years the eyebrows turned dark and,

later, the hair. It has also been successfully used in alopecia.

Dr. W. W. Johnston referred to a patient whose hair turned dark during the prolonged administration of the drug.

Foreign Bodies in Bronchus.

Some weeks since Dr. C. W. Richardson of this city reported a case to the Medical Society of the successful removal of a foreign body from the bronchus of an infant twenty-two months old. After a careful examination the diagnosis was made of a foreign body in the right bronchus. On the seventh day after the inspiration of the foreign body tracheotomy was performed. Schrœtter's tubular forceps were introduced and passed well down into the lower portion of the trachea. While the body could be felt with this instrument yet it failed to engage the body. Taking a pair of Noye's forceps the foreign body was engaged and withdrawn. The body, an arm of a china doll, was exhibited to the Society. The paper may be found in full in the March number of the Archives of Pediatrics.

Other Cases of Foreign Bodies in Windpipe.

Since reading the paper by Dr. Richardson we have taken particular notice for this branch of surgical work. A number of cases have been reported within the past few months. Dr. D. C. R. Miller reported two cases at a meeting of a Medical Society in Hagerstown, Md. The first case was that of a child aged two years and eleven months, who had a piece of peanut shell in the trachea. Two months after the accident the foreign body was expelled. The second case occurred in a child of about the same age as the first. In this case a head of timothy remained in the right bronchus for over three months, when it was expelled in a disintegrated condition. A number of attending physicians reported similar cases. Another case reported in the *Southern Medical Record* is that of a boy twelve years of age who, while running through some weeds, had drawn into his air passages a cockleburr. The attending physician proceeded as follows: The larynx was firmly grasped by the thumb and fingers of the left hand, and forced upward with all might, while the middle finger of the right hand was insinuated beneath the epiglottis, between the false cords, where the burr was felt tightly wedged between the true vocal cords, but he could not move it from its lodging. He then forced—"I say forced advisedly"—the middle and ring fingers both into the larynx at the same time, strained it upward with all might with the other hand, caught the burr between the two inserted fingers, turned it over, and drew it out stem end foremost. Of course, these cases lacked the operative feature of Dr. Richardson's.

In a late number of the *Medical Record* is an article by Dr. Joseph W. Stickler, of Orange, N. J., reporting the case of a child upon whom tracheotomy had just been performed for membranous croup While attempting to cleanse the trachea, one of the assistants detached a piece of iodoform gauze from a probang, to which it had been insecurely tied. The gauze quickly passed into the left bronchus. The condition was at once most alarming. The opening in the trachea was enlarged and continued down to the point of bifurcation. By means of angular forceps the plug of gauze was removed. When we consider the age of Dr. Richardson's patient and the character of the foreign body, his case certainly outranks both the one just noted and all others of recent record.

Central Origin of Neuralgia.

Dr. Dujardin-Beaumetz contributes an interesting article to his own journal, *Bulletin General de Therapeutique*, on the central origin of many forms of neuralgic pains, demonstrated by therapeutical results. The question naturally arises is the pain of the different forms of neuralgia really originated at the very spots at which the patients complain of it, or is it simply felt at those spots as though it arose there, in the same way, for instance, as patients who have undergone amputation of a limb, still complain of pain in the stump although the limb, which was the seat and sole cause of their suffering, has been removed? The theory of the central seat of neuralgic pains explains most satisfactorily (and is the only theory that does so) the way in which such pains jump from one spot to another, alternate from one side to the other, and pass rapidly from this

nerve to the next. We know how near to each other in the spinal cord are the original threads of the different nerves, and can consequently understand with readiness how the painful irritation of one nerve can extend with the greatest ease to its neighbor in the spinal cord. The author then states that the central theory of neuralgic pains is proven by the use of certain remedies, notably the American preparation, Bromidia. He says: It is a matter of common occurrence that cases of neuralgia of the trigeminal, sciatic, or superficial nerves, that have stubbornly resisted the action of the various local anæsthetics and different forms of counter-irritation, disappear as if by magic after only a few days' use of Bromidia. Therefore, in the great majority of cases, at any rate, neuralgic pains have a central origin.

Mastoid Disease. Dr. Johnson Eliot of this city reports a case of mastoid abscess. He and Dr. Llewellyn Eliot operated under the anæsthetic influence of a 4 per cent solution of cocaine. The bone was exposed and drilled and about a teaspoonful of pus escaped. The patient made a good recovery. The case is reported in full in the *Virginia Medical Monthly* for May.

Surgical Pathology of Mastoid Process. In the *Brooklyn Medical Journal* for May is an article by Dr. J. E. Sheppard of Brooklyn on the surgical pathology of the mastoid process. The article is over twelve pages in length and is very instructive. Speaking of the treatment of mastoid abscess, he says:

In acute cases, without threatening symptoms, it is usually safe and wise to try for two or three days to avoid the necessity for operation by applying locally heat or cold, preferably with Leiter's coil, leeches, blistering, together with thorough antiseptic syringing of the external canal and tympanic cavity. As between early and late operation, however, there can be no hesitation about giving the preference to the former. As to Wilde's incision, of which so much is said, it should, in his judgment, except in cases of simple mastoid periostitis, be only the first step in a more thorough-going operation. Owing to our ignorance, previous to operation, as to whether we have to deal with a pneumatic, diploëtic, or solid mastoid process, also as to the relative positions of the cerebral base and the lateral sinus, a guarded opinion should always be given as to the success of the operation.

Imperfect Articulation, Stammering. Dr. Frederick Sohon of this city contributes an article on this subject to the current number of the *Virginia Monthly*. Dr. Sohon states that he has cured all the cases that have occurred in his experience, including two cases in which the affliction had persisted into young manhood and whose talk was as unintelligible as the chattering of a monkey. The doctor describes his method of procedure and reports some cases.

New Treatment for Malaria. Among the medicaments which play an important part in the treatment of malaria must also be reckoned phenocoll. To the literature which has already accumulated on the therapeutical value of this remedy in inter and remittent fever we have now to add the contribution of v. Dall' Olio. This author regards phenocoll as at least as effective as quinine in the malarial state, and free from the unpleasant effects—ringing in the ears and cutaneous eruptions—to which the older antifebrile gives rise in many instances.

Then, again, phenocoll succeeds in a certain number of cases where quinine absolutely fails, and has further the advantage—especially important in the treatment of children—of being capable of administration in a pleasant form. The slight bitterness of the solution is readily masked by the addition of a little aromatic syrup. The author also points to the fact as telling in favor of phenocoll, that whereas at any time a difficulty might arise in obtaining a supply of quinine equal to the demand, phenocoll is producible in any quantity.

Thiol in Endometritis. From an article in the *Lancet* we learn that Dr. Kurtz prefers thiol to ichthyol in gynecological practice. The great reason, probably, why ichthyol has not become better known in this country as a valuable remedy in many skin and gynecological cases is its disagreeable

smell, which it is difficult to cover satisfactorily. Thiol, on the other hand, is odorless. Ichthyol, again, sometimes produces a smarting sensation when introduced into the vagina, from which disagreeable property thiol is free, and, indeed, it has a tendency to allay pain. Lastly, thiol stains are much more easily removed from linen than are those due to ichthyol. As to therapeutic uses of thiol, Dr. Kurtz has employed it in endometritis with erosions and in parametritis. He reports his experience in nineteen cases, in every one of which the results were satisfactory. He used a solution of from 10 to 20 per cent for applying to the cervical canal either with a probe or by means of tampons impregnated with the solution. Effusion and solid exudations were rapidly resolved by means of thiol tampons in the vagina, and these also allayed the pain complained of in the lumbar and pubic regions.

In very long standing cases of pelvic exudations Gottschalk, of Berlin, has very successfully employed thiol tampons.

An Odorless Disinfectant. Some mixtures disinfect, but the remedy is nearly as bad as the disease! A disinfectant should not only be reliable prompt, and cheap; but it should also be as nearly odorless as possible. It is now just the time of the year when proper disinfection is a very important question. We are only doing a seasonable thing then in calling attention to the mixture of a saturated solution of the chloride salts—known as "Platt's Chlorides." In the sick chamber and the dwelling the frequent and liberal use of this combination is of the first importance, and especially so during these hot weeks of the summer.

Sweet Medicine. One of the most novel methods of preparing pepsin which has ever come to our notice is in the form of tablets flavored with wild cherry. In appearance, taste and flavor there is not a suspicion of pepsin and yet we are assured by the manufacturers, the Cudahy Packing Company, that each tablet will digest 250 grains of solid food as proven by the usual methods of testing pepsin. We have been taught that candy was poor food for dyspeptics, but here we can be nicely deceived in the belief we are eating a delightful confection and yet be swallowing a good dose of pepsin!

Pepsin and Lime Juice. The same firm has just placed on the market a preparation of pepsin and lime juice. The digestive power of each drachm is given, while the lime juice imparts a flavor and tart agreeable to most persons. A teaspoonful in a glass of water makes a most refreshing drink after a meal and is especially pleasant on a warm day. One bottle lasts but a short time in the warm part of this country!

Proteolytic Action of Papoid. In the *Dietetic and Hygienic Gazette* is an exhaustive article by Dr. R. H. Chittenden, Professor of Physiological Chemistry in Yale University, on the proteolytic action of papoid. Professor Chittenden says that papoid is peculiar in that its proteid-dissolving power is manifested in a neutral, acid and alkaline medium. To be sure, the proteolytic power of the ferment is not quantitatively the same under the above three distinct conditions, but it is plainly manifest in acid and alkaline solutions, as well as in a neutral fluid, provided of course the percentage of acid or alkali is not too large. One characteristic of papoid is its ability to act in the presence of a small amount of fluid; indeed, its best and characteristic action is seen only when a small volume of fluid is present. In this respect it differs very markedly from the animal ferment pepsin, and for this reason any direct comparison of the two ferments is practically impossible, since they act best under such widely different conditions. Professor Chittenden says it is plainly evident that the power possessed by papoid of dissolving various forms of proteid matter is dependent upon an ordinary digestive action akin to, or identical with, that of digestive ferments in general, whether animal or vegetable.

Tonic Stimulants. From the *Trained Nurse* we glean the following concerning a preparation with which all our readers are doubtless more

or less familiar, viz., Vin Mariani. The physical effects of coca are, in many respects, more remarkable than the mental. This is illustrated in the lives of the Indian of the Andes. His life is one of extraordinary toil and hardship. He is exposed to the intense heat of the plains or the extreme cold of the high plateaus, yet he daily performs the most astonishing feats of endurance, and that, too, on a diet which would be absolute starvation to a European. An interesting account is given of their travels over the mountains, and of their labors in the mines. These Indians use very freely of the coca leaves.

The writer of the article says he has often worked for from fourteen to sixteen hours a day for weeks together without mental or physical fatigue, at the same time taking a small daily dose of the Mariani wine. The article concludes as follows: "I have no reluctance in saying that if I had to accomplish some severe work which drew exhaustingly on my full mental and physical powers, doing literary work under pressure, or attending patients through serious illness, I would unhesitatingly, and with good conscience, seek the support and power of endurance this marvelous preparation of coca can give."

Administration of Iodide of Potash.

A recent writer claims to have found a perfect vehicle for the administration of iodide of potash. He uses the Elixir Three Chlorides, and says that from an extended personal experience, as well as from personal interviews with many physicians, he is confident such a combination prevents many, if not all, of the disagreeable effects so often following the use of the iodide. He mentions at length these annoying symptoms, and concludes the article by saying that "such a combination removes a great bar to the judicious use of iodide of potassium."

Phytoline in Obesity.

From the editor of the *Medical Mirror* we learn that the new remedy for obesity, phytoline, is all that could be desired. Phytoline is prepared from the berries of the phytolacca decandra, after having been touched by the early frost. The remedy has been used for rheumatism for many years, and also for the diminishment of excessive glandular growths, and also as a helper for the drying-up and the reducing in size of the breasts of nursing women. Inflammation and abscess of the mammary glands have often been prevented by its use. He has given it in a number of cases for the reduction of fat, and with favorable results. Dr. Love says he does not understand how the remedy acts, and although administering it empirically, yet he feels that the uniformly favorable clinical results justify strong hopes from its use. He gives ten-drop doses both before and after the three daily meals.

Menstruation, Ovulation.

In the last number of this journal—page 45—is a reference to a paper on this subject by Dr. J. H. Raymond of Brooklyn. Dr. Raymond has lately obtained the opinions of prominent gynecologists on this subject. These are given in the last number of the Brooklyn *Journal.* Dr. W. T. Lusk believes that the rupture of the ripened Graafian follicle most frequently coincides with the menstrual congestion and may take place either before or subsequent to the flow. A Graafian follicle, however, may unquestionably rupture at any time. Dr. Lusk has removed both ovaries from a patient to arrest hemorrhage. He did his work with great care and was surprised that menstruation continued. Subsequently this patient was operated upon by Dr. Tuttle, who found remnants of ovarian tissue in one of the pedacles. Dr. Emory Lanphear says that the idea that the fimbriated extremity of the tube "rises up and grasps the ovary" is a pure "imaginative fact." He does not believe the fimbriæ ever touch the ovary, except in case of disease. It is his opinion that ovulation is a pretty constant occurrence; the Fallopian tube is the place where menstruation originates. Dr. Lanphear says he *knows* he can remove the ovaries and *part* of the tubes in such a way as to have menstruation continue though ovulation is forever stopped. So positive is he of this that before preparing for a section he invariably asks the woman if she desires menstruation checked or not. This is controlled by the removal of much or

little of the tube. He has one patient now who menstruates regularly, and yet he knows "there is not the slightest trace of ovarian tissue left in the pelvis."

Precautions Against Collapse from Anæsthesia.

In our May issue we called attention to the death of Colonel Elliot F. Shepard and also to the opinions of some editors on the subject. We notice again a good review and criticism of the case as reported by one of the editors of the *Southern Medical Record*, Dr. J. McFadden Gaston. Dr. Gaston reports a case in his own practice where only the most prompt measures saved the patient's life. He much prefers the A. C. E. Mixture and is convinced that its use is less liable to serious results than either ether or chloroform uncombined.

Poisons for Suicide.

From the *British Medical Journal* we learn the drugs used by persons for the purpose of self-destruction. In 327 cases, some preparation of opium was used in 56 cases; carbolic acid in 63; mineral acids in 28; prussic acid in 36; arsenic in 6; oxalic acid in 20.

Book Reviews.

A PRACTICAL TREATISE ON MATERIA MEDICA AND THERAPEUTICS, *with Especial Reference to the Clinical Application of Drugs*. By John V. Shoemaker, A. M., M. D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital; etc., etc Second edition. Revised. In Two Royal Octavo Volumes. Vol. I, 353 pages: Devoted to Pharmacy, General Pharmacology, and Therapeutics and Remedial Agents not Properly Classed with Drugs. Volume II, 680 pages: An Independent Volume upon Drugs. Volume I, in Cloth, $2.50 net; Sheep, $3.25 net. Volume II, in Cloth, $3.50 net; Sheep, $4.50, net. Philadelphia: The F. A. Davis Company, Publishers, 1914 and 1916 Cherry Street.

The subjects discussed in the first volume of this work make it of unusual interest to the profession. The author is thoroughly convinced of the value of the natural forces and of mechanical and physiological agencies in the treatment of disease. We are to remember that the origin of specific infection comes from without, the genesis of toxic processes is to be sought within, the organism. In each of these two great morbid types the tissues and organs are injuriously affected by the presence of abnormal chemical products. The grand object of modern therapeutics is, therefore, to prevent, as far as possible, the formation of these deleterious substances; or, when this effort has failed, to promote their speedy and thorough elimination. We have to study the resistant as well as the reparative power of the economy. The fertile cause of disease is always present. The physician, therefore, is constantly confronted with preventable but firmly-established disease. Drugs will altogether fail unless promoted by the observance of physiological rules. Exhausted energy is re-established by the proper application of electrical force and the manipulations of massage; therefore, electro-therapeutics and massage are fully discussed. This volume may be said to demonstrate how much can be accomplished in the practice of medicine without the use of drugs, and how much the activity of drugs is enhanced by the judicious combination with physiological remedies. It is a volume upon subjects altogether too much neglected and too little understood by physicians. Diet; Heat; Cold; Electricity; Climate; Hydrotherapy; Light; Music; Massage; and many other subjects make up this most interesting volume. It is in precisely the right direction and the profession will gladly receive such a study.

The second volume is more in keeping with the usual style of works of this character. It is especially complete in its descriptions of the clinical application of drugs, while this second edition contains accounts of many new remedies. We find the subject of Animal Secretions, Extracts and Juices discussed. Especial attention is given to the treatment of Myxœdema by the use of an extract of the thyroid gland, "the most decided results" having been obtained. While the two volumes form one complete whole, yet each is a complete treatise of its own. The well-known ability of the author and the very favorable reception of the first edition of this work, insure a prompt and liberal recognition of this practical treatise.

THE CENTURY DICTIONARY.

Our library has lately been enriched by the addition of a complete set of the Century Dictionary. It seems useless to say a single word of commendation concerning this magnificent work, its value being conceded by all. We have the edition bound in cloth, and the volumes

are as handsome as they are valuable. It is something more than a General Dictionary of the English language; it embraces a complete collection of the technical terms of the various sciences, arts and professions; and the addition of much related encyclopedic matter, with pictorial illustrations.

POPULAR SCIENCE MONTHLY FOR JUNE.

This number contains some interesting reading for the physicians again. An article by Dr. N. E. Yorke-Davies answers the question, "Why grow old?" The article is written in the belief that the human economy will rust out before it will wear out, and that more are killed by idleness than by hard work. Human energy must have some outlet, and if that outlet is not work of some kind, habits are acquired that are not always conducive to long life. Mental and physical occupation are an absolute necessity, if the constitution is to be kept in healthy working order, and this applies equally to both sexes. A second article on "the Phenomena of Death in Battle" is of intense interest. The conclusion is, "there is a vigor peculiar to the battlefield which is as instantaneous as the death with which it is synchronous"

DIET FOR THE SICK. By Miss E. Hibbard, Principal of Nurses' Training School, Grace Hospital, Detroit; and Mrs. Emma Drant, Matron of Michigan College of Medicine Hospital, Detroit. Also complete diet tables for various diseases. Published by the Illustrated Journal Company, Detroit, Mich. Price 25 cents, postpaid. 1893.

If we could only afford it, or if we thought we could, it would be a wise thing to carry about with us a box of these little books and give one to each nurse in charge of our sick. All nurses should have one at least.

CONTRIBUTORS TO CLINICAL OPHTHALMOLOGY, *being gleanings from my case books*. By Swan M. Burnett, M. D., Ph. D., Washington, D. C. Illustrated. This is a reprint from the Archives of Ophthalmology, giving reports of a number of interesting cases.

THIRD ACT OF THE DRAMA OF SYPHILIS. By Henry A. Robbins, M. D., Professor of Genito-Urinary Diseases, University of Georgetown. Reprint from the *Virginia Medical Monthly*.

THIRD ANNUAL REPORT OF THE LUTHERAN EYE, EAR AND THROAT INFIRMARY of Washington, D. C.

THE EAR OF MAN AND THE ORGAN OF CORTI. By J. A. Maloney, M. D., Washington, D. C. A reprint from the *Annals of Ophthalmology and Otology*.

HOW TO OPERATE FOR HEMORRHOIDS. By Charles B. Kelsey, M. D. A sixteen-page reprint from the *Therapeutic Gazette* for April 15, 1893.

PAPOID DIGESTION. By R. H. Chittenden, Ph. D., Professor of Physiological Chemistry in Yale University. An epitome of a report from the transactions of the Connecticut Academy (Sheffield Scientific School). Published by Johnson & Johnson, 92 William Street, New York.

Letters to a Young Physician. No. 16.

MY DEAR DOCTOR:—You know I was interrupted in my last letter to you, just as I was about to tell you what I wrote to the young graduate concerning the proper place for him to locate in a city. The latter part of my letter was something as follows: You must remember to begin with that I chance to know all about your financial circumstances and that these are not of a character to make you feel especially elated! Knowing, therefore, that you must at once rely upon your own resources, or, at most, that your help from home will be necessarily very small, I would earnestly advise you to locate in the city with special reference to becoming attached in some way to an older practitioner. If I were in your situation I would not locate in a city unless I could make some arrangement with a physician of large practice whereby you could relieve him of an immense amount of hard work and receive some compensation for it. Never mind precisely what this compensation is; only be ready to work. In this way you might locate at once in the most desirable part of the city, and remain there, too, the rest of your days. If you cannot make such an arrangement, then choose that part of the city inhabited by a class of people who move in about the same circles as has been your custom. Above all, my dear doctor, avoid the poor parts of a city, where neither the people nor the doctor will improve, socially, mentally or financially. Of course, if you had means, or relatives, or friends, the above advice would have to be modified somewhat.

I can only add that I could relate the histories of a large number of successful city physicians who owe their success to the start given them by some older practitioner. Of course this question must be decided before that of location, because the latter would be regulated largely by the residence of the elder physician. While it is true that a diamond is always brilliant wherever you see it, yet it shines to far better advantage with proper environment.

Very sincerely yours,

THE REVIEW.

THE
NATIONAL MEDICAL REVIEW.

VOL. II. WASHINGTON, JULY, 1893. No. 5.

THE EDITOR'S TABLE.

"An Errand all Divine."

The terrible calamity which came to our beautiful city during the past month, whereby a score of lives were sacrificed and the most intense suffering brought to scores of others who were mutilated and maimed for life, served to illustrate again the true nobility of our calling. While the physicians of the whole city were only too ready to do all in their power to relieve the suffering, yet it fell to those connected with the Emergency Hospital to bear the heat and burden of the day. They worked unceasingly and without thought of self. All honor to them. And all honor to the faithful nurses who proved anew what close allies they had become.

The Keeley Cure in its True Light.

It only takes time for water to find its level, but it does seem, occasionally, that it is a long time getting there. In a recent address in New York City, J. W. Buckley, D. D., reviewed the present status of the Keeley cure in a most effective manner. Dr. Buckley is well known as a patient, thorough investigator, and he presents to us a mass of overwhelming testimony. After telling how he was led to investigate the whole subject he said: "You have been told that ninety-five per cent of all are permanent cures. I declare to you that that is absolutely false. Out of seven of my personal acquaintance who have been treated, four are drunkards to-day; and it has not been a week since a physician with whom I had business caused me to call at his place four times because he was very drunk, and yet he spent three weeks at one of the Keeley institutes!"

A Cause of Insanity.

Dr. Buckley proceeded to say: "I am now about to read to you the results of the investigation of my personal friend, Dr. Evans, Superintendent of the State Lunatic Hospital at Morris Plains, N. J., of which I am one of the chaplains, and here are the names of the physicians and the men, showing 158 cases recently of relapse and 88 cases of insanity. The doctor then gave the names of the physicians, from which we select the following:

Dr. Richard Dewey, Superintendent of the Kankakee Asylum, Ill. Eight cases. Cases came more or less directly after residence at the Institute at Dwight, Ill.

Dr. William B. Hallock, Superintendent of Cromwell Hall, Cromwell, Conn. Three relapses.

Dr. Talcott, Superintendent of the State Homeopathic Hospital, Middletown, N. Y. Five cases; treated in the Keeley Institute without success.

Dr. Bancroft, Superintendent of the New Hampshire Asylum. One case; relapsed into former habits of alcoholic excesses.

Dr. Eliot Gorton, State Asylum for the Insane, Morris Plains, N. J. One case—acute mania; was graduated from White Plains Keeley Institute as cured; became insane, was sent to Blackwell's Island, became better, and was sent home; insanity recurring, was sent to Morris Plains.

The Bureau of Vital Statistics of the State of Washington. Fourteen cases. Three remained "cured" for from three to eight months, ten relapsed into former conditions and habits, and one suffers from impaired intellect and defective locomotion.

Dr. W. Scott Marshall, Centralia, Ill. Forty cases; nearly all now visit saloons.

Now, we come to Dr. Day—Dr. Albert Day, Superintendent of Washingtonian Home, Boston, Mass. Twenty went there. Dr. Day finds patients worse mentally and physically after Keeley treatment than those who have had no treatment.

What Homeopathy is Not.

As we have remarked in this journal, homeopathy does not depend upon the size of the dose. The best homeopaths agree with this statement, and on page thirty-six of our last issue one is quoted in proof of our position. Yet within a month we have seen the dribblings of some weak-kneed brother who thinks the two schools are daily coming nearer together and that even now there is practically no difference unless in the size of the dose. Such talk must be as distasteful to the homeopaths as the regulars, for neither can desire or hope for such relations. That the size of the dose is not homeopathy is well illustrated in the *Hahnemannian Monthly* for June. In an article on "Surgical Shock," by Dr. T. L. Macdonald of this city, we read that in one case "brandy and hot water was given freely"; and that "during the night nearly five quarts of the liquid" were taken. In another case "a pint of hot black coffee in the rectum and hypodermic injections of twenty minims of tincture digitalis" were used. "A favorite resort," with the writer, "is enemata of warm and strong black coffee, from a half pint to a quart, and repeated as fast as it is absorbed, or until reaction is secured." Truly, homeopathy is not in the size of the dose!

Bearded Beauty.

A late writer in the London *Standard* is very much exercised over the statement of some German professor, that in a few years all the women will be adorned with mustaches. We are told that in Constantinople, among the unveiled women, one out of ten possesses the most unmistakable evidence of a downy covering to the upper lip. The London writer says that in America fully three per cent of the adult fair sex are thus adorned. But this is not the worst of it, for the writer seems to incline to the idea that as the human race improves it becomes more thickly covered with hair. This will be very gratifying news to a certain class of women who are trying to imitate the gentle-voiced Mrs. Lease of Kansas, or the cunning, winsome Mrs. Matilda Joslyn G. Woman now begins to see the dawn of another happy morn when one more right, long given to man alone, shall be hers—the right to shave!

Hard on the Specialists.

In the course of a sermon recently delivered in this city, Dr. Herrick Johnson said, in speaking of specialists:

"There have been minute antiquarians ready to dub any man a fool who should prove himself ignorant of the shape of some old buckle worn under the reign of some old sovereign of English history. We often hear the buzz of these minute atomic critics, as they turn their microscopic eye to some supposed anachronism of Shakespeare or some fancied inconsistency of Scripture, miss-

ing the glory of the immortal in their petty insectiverous search."

This may belong to the theologians, but the idea is too good to be lost. It is equally true in medicine. Unless well-directed constant effort be put forth the specialist will become blind to the greatness and grandeur of his calling and can only see to the confines of his own limited field.

Dr. Mary Putnam Jacobi.

Do women make good physicians? Yes, for there is Dr. Mary Putnam Jacobi. Can women succeed as medical writers? Yes, for there is Dr. Mary Putnam Jacobi? Can women succeed financially as physicians? Yes, for there is Dr. Mary Putnam Jacobi. Should a woman physician be married? Yes, for there is Dr. Mary Putnam Jacobi.

This is about the style of a large share of what we read and hear concerning "women in the professions." We should suppose that thinking women would fairly hate the name of this particular woman. Her name is mentioned as the final proof of all that pertains to the discussion on the subject. Are there no other women who have succeeded in this line of work? If not, then give this busy woman a rest, or she will die from overwork. If so, then let us hear their names mentioned once a year at least, and save the placing of such a fearful responsibility on the shoulders of one person. Dr. Mary Putnam Jacobi deserves every word of praise bestowed upon her, but her friends are simply injuring their cause by persistently pointing to this one brilliant star as the sole product of the nineteenth century. These thoughts come to us as we read in some of our exchanges; and they force us to exclaim that, considering the number of women physicians, unless a score of names can be given equally as successful as the one mentioned, then "woman in the medical profession" is the most lamentable kind of a failure.

More Men Than Women.

The reports of the United States Census are always full of puzzling surprises. Here is one of them: We are told there are 1,500,000 more men than women in the United States, or rather 1,500,000 more male than female persons. If this disparity were generally distributed throughout the whole country, it would make the United States an exception among civilized countries, in nearly all of which women either predominate or are nearly as numerous as men. The birth rate is in the proportion of 100 males to 97 females; while emigration to the United States from foreign countries is more than two-thirds male. It is not surprising, therefore, that the men predominate. On the other hand, this is offset by the higher death rate among men. Deaths from accidental causes, violence, etc., are over 75 per cent male.

Causes for This Higher Death Rate.

Men are addicted to excesses of all kinds more than women; they are more exposed to the dangers of machinery; they are more intemperate; they are less attentive to hygienic methods of living; and, of course, are most subject to devastations of war. This latter fact is still shown in the deficiency of the male population in the older parts of the country.

More Women Than Men.

In Massachusetts, Rhode Island, North Carolina, Maryland, Connecticut, New Hampshire, New York, South Carolina and Virginia, the female population outnumbers the male. In Massachusetts it is in the proportion of 105 to 100, and in Virginia 101 to 100. In New Jersey and Louisiana they have managed to even things up. But it is the District of Columbia that takes the lead.

Why Washington Is So Beautiful.

This is why our Capital City is so beautiful, for here the proportion is 110 women to 100 men. In Ohio, Indiana and Pennsylvania the men predominate, while in the greater proportion of the far West this is true to an eminent degree. The new arrival from these territories fails to see our broad avenues, beautiful parks and immense buildings. He simply opens wide his eyes, stands rooted to the spot, thinks of the 110 to 100, and, when the shadows of night have fallen, writes to the loved ones at home, "this is the most beautiful city in the world." As it leads all other American cities in the proportion of the fair sex, how could it be otherwise?

The Speculum Specialist.

We shall soon expect to see the "general practitioner" out of the field looking for something to do. In fact, it may be safely predicted that the future historian will make mention of the former existence of such an individual as the "family physician." Should any of our readers contemplate writing a novel on such an interesting theme they should be up and about it, for some day the public will not believe there ever existed such a personage. A dose of epsom salts and a day's rest in bed will not answer in these days; for are there not those "deep pockets" in the rectum which may cause some obstruction to the ree outward passage of the contents of he alimentary canal? And must not he specialist try his new speculum? Think of it, there are 69 varieties of rectal speculum! And as for the varieties for the vagina, there are over 200! To become familiar with the various good qualities and technical uses of these 269, and to understand all the workings of the aural and nasal speculums, is to possess an immense amount of knowledge. The only way to do is to establish a chair in our post-graduate schools on the use of the speculum. Let us have speculum specialists!

The French Infant-Food Bill.

When we consider the vast number of mothers who delight in feeding their "darlings" on green cucumbers, pickled peaches, raw onions, and every other "delicacy of the season," it is not surprising that the problem becomes of National importance. The great question before the French people, how to increase their birth rate and lower their death rate, has commenced its solution by the passage of a bill to directly affect the latter. The Infant-Food Bill prohibits parents from giving their children under one year of age solid food in any form except prescribed by a physician. Bottles with rubber tubes are also forbidden. The President of the Society for the Protection of Children, M. Rouchard, says that out of 250,000 infants annually dying in France, 100,000 might be saved by careful nursing.

A Society of Aristocrats.

The recent annual meeting of the National Association of Gynecologists at Philadelphia must have been a most brilliant affair. At least it appears to have completely turned the head of one of its members. Upon returning to his Southern home this member interviewed the editor of one of our exchanges and proceeded to expatiate on the bigness of his own self! This member says that out of ten applicants for membership seven were rejected, and adds that "this society embraces the aristocracy of the profession." Possibly our aristocratic friend was one of the three fortunate applicants, thus accounting for his having feelings akin to those enjoyed by the editor of this journal many years ago when elected a member of an Historical Society. As we had studied history but little, and knew even less about it, we

were greatly impressed by the incident and probably looked as we are told this member appeared, "fresh and cheerful." However, time revealed the fact that instead of being the author of a "Manual of History," we had written a "Manual of Histology," and since this discovery we have not ranked with Macaulay or Gibbon! We trust it may not be the misfortune of this member to have the National Association discover he was a professor of Gymnastics rather than of Gynecology! Should this be the case he might prefer even to live under a Gyneocracy than to stay longer with his Aristocracy!

The only Aristocracy we have in this country is that which comes to all who perform well every duty of the hour.

Give Due Credit.

We have noticed some of our editorial notes in two of our exchanges, all worked in nicely as original matter! When we think of the number of heat units we have lost from the excessive perspiration caused by the convulsive efforts of our higher faculties in producing these products of the imagination, we feel obliged to declare such conduct to be nothing less than an unpardonable crime!

Medical Examining Board of Virginia.

In the June number of the *Virginia Medical Monthly* is the full report of the Medical Examining Board of Virginia. These reports are especially interesting because of the institutions represented by the applicants. The number licensed and rejected are given as well as the percentage marks received in each section by those rejected by the Board. One applicant holding a degree from a well-known university (not of this city) received as low as 8 on a possible 100 in anatomy, 20 in physiology, and a total average of only 42.

Questions for the Examination.

The questions adopted for this examination by the Board are for the most part very fair and comprehensive. In Materia Medica information is asked about morphine, codeine, salts of sodium and potassium, senega, squill, nitrite of amyl, etc. In obstetrics the applicant is asked for the diameters of the pelvis, the fœtal circulation, the management of placenta previa, etc. But it seems to us that the questions on anatomy are altogether unfair and too technical. When we think of the importance of this branch and how easy it would be to formulate a few questions which would test the applicant's knowledge, it seems almost ludicrous that such a list should be given. The man who conceived them must have had a burning desire for his associates to know how much he knew of his subject. With such a fair list of questions in the other departments, it is astonishing the following were ever adopted by the full Board:

Ques. 1. Describe the petrous portion of the temporal bone.

Ques. 2. Describe the tendons and their relations in front of the ankle joint and behind the inner and outer malleoli.

Ques. 3. Describe the musculo-spiral nerve—its wayside and terminal branches.

Ques. 4. Describe the solar plexus and the distribution of its branches.

Ques. 5. Describe the duodenum and its relations.

Ques. 6. Describe the male perineum.

Easy to Find Him.

We notice that Dr. ——, "whose practice is limited to diseases of the stomach, liver, intestine, etc.," has the following office hours, as announced in one of our Western exchanges: Hours: 8 to 10 A.

M.; 11 to 12.30, 1 to 3.30, 4.30 to 6, 7 to 9.30. No office hours on Sunday, but will see patients by appointment.

Not a Pleasant Picture.

The following is a diagram, comparing the annual expenditure in the United States for various items. The figures are gathered from the United States Census and other official documents:

Missions, $5,500,000.

Clergymen's Salaries, $12,000,000.

Schools, $96,000,000.

Tea, Coffee, etc., $145,000,000.

Sugar and Molasses, $155,000,000.

Boots and Shoes, $197,000,000.

Iron and Steel, $296,000,000.

Meat, $303,000,000.

Cotton and Woolen Goods, $452,000,000.

Bread, $505,000,000.

Liquors, $900,000,000.

Testimony on Our Side.

The Canadian Royal Commission has been investigating the liquor problem. One of the witnesses was Dr. F. W. Campbell, Dean of Lennox Medical College, etc. Dr. Campbell said that a great proportion of the cases he had to deal with in his hospital practice was caused by drink. He would say at least seventy per cent directly, and from ten to fifteen per cent indirectly. Closely questioned by the chairman, he repeated his statement that fully eighty-five per cent of the hospital cases were the result of drink. He further volunteered the statement that after nine years' experience of dealing with one hundred and twenty soldiers in the St. John's Infantry School, he was prepared to state that ninety-nine per cent of all the trouble with the men in that institution was caused by liquor. Some trouble came from the canteen in the school, but more from liquor facilities outside.

The Seventy-fifth Anniversary.

The committee having this anniversary in charge has not been idle, even during these hot days of midsummer. A number of meetings have been held, and subcommittees appointed to further the interests of the celebration. We would advise the younger members of the profession, who are not members of the Society but contemplate becoming such, to be "up and at it" without delay.

Meeting of the American Med. Association.

The editor of the *Medical Record* thus sums up the meeting of the American Medical Association at Milwaukee:

"None of the papers read was of extraordinary importance or could by any stretch of the imagination be described as epoch-making; yet there was a fair sprinkling of good ones—enough, at least, to make the meeting a fairly successful one. A feature of the section meetings, and one that is of promise for the future, was the higher tone of the discussions following the presentation of set papers in several instances, while the papers themselves were mediocre."

The Journal of the Association.

The trustees of the *Journal* do not find the publication of their periodical a very great financial success; and it certainly cannot be declared anything of a brilliant success in any other line. Their report states their yearly expense at something over twenty-four thousand dollars, with receipts between sixteen and seventeen thousand. There are about five hundred subscribers, while

about four thousand copies are sent to members.

High Indorsement of Brown-Sequard's Elixir.

The daily press gives the details of the illness and death of a prominent member of the French Academy. With all of this we are especially interested only that "acting upon the advice of M. Pasteur," recourse was had to injections of the Brown-Sequard fluid. It occurs to us that M. Pasteur is not a man who would allow such a patient to be tampered with for the fun of it! By allowing these injections to be used he certainly takes issue with those who declare the whole thing a humbug and the product of an old man in his dotage.

Military Surgeons Convention.

We are informed that it has been decided to hold the third annual meeting of this association in Chicago, on August 9, 10 and 11. It has also been decided to postpone the International Military Medical Congress to 1894, and to have the meeting in this city.

THE PROGRESS OF MEDICINE.

Cholera in This Country.

Under this somewhat startling title, Dr. Cyrus Edson contributes an article to the current number of *Food*. Dr. Edson wishes to impress his hearers with all the force possible that, if cholera does come to our shores this summer, the Health Authorities are abundantly able to handle it. He further adds that we may assume it as certain that cholera will come to us during the next few months. One thing he especially urges our people to do. Report every suspicious case to the Health Authorities. "It is better to have a hundred false alarms than that one case of the disease should remain unattended for twenty-four hours." The people should also give loyal help to the Health Authorities and see to it that money is not lacking. One of the surest ways of destroying the cholera germs is by heat, for they die at a temperature of 180 degrees F. Therefore we must boil all the water we drink and all that we wash in; and we must eat our food hot. But if the cholera comes, there is no need of any panic. We must grapple with the disease, treat it in a scientific way, and stamp it out. Our knowledge in these days has robbed cholera of its ancient terror. We may not be any better than our forefathers, but we certainly know more.

Diet in Enteric Fever.

From the same journal quoted above we obtain the following hints on diet in enteric fever. The writer, Dr. C. M. Ernst, says that milk is no doubt the best food where it suits the patient; and that three, or to the outside four, pints of liquid food is sufficient nourishment for an adult, and that proportionately less should be given to children. Great care is necessary when the patient becomes convalescent, as relapses are so frequent and, at the same time, so easy. The change in diet is very gradual, at first an increase in the quantity and then thickening the milk with corn-flour or arrowroot; then, after a few days a lightly boiled egg, then a little bread, then fish, and so on. The temperature should be carefully watched in order to detect any rise at once.

Treatment of Disease of Inebriety.

At a meeting of the American Association for the Study and Cure of Inebriety, held at the New York Academy of Medicine, March 23, 1893, Dr. Edward C. Mann of Brooklyn, N. Y., Medical Superintendent of Sunnyside Private Hospital for diseases of the nervous system, alcoholism and the opium habit, read a paper on "Science *vs.* Folly in the Treatment of Disease Caused by the Abuse of Stimulants and Narcotics: A

Plea for the Suppression of the Nostrum, Patent Medicine and Specific in Rational Therapeutics." After comparing scientific medication with charlatanism and showing the physiological action of alcohol on man and his offspring, as well as the diseases produced by indulgence, Dr. Mann passed to the subject of the treatment of disease of inebriety. He recommended the following as a good tonic and sedative in dipsomania, having a good effect on the stomach, and tending to antagonize both the degenerative changes in the brain, and the effects of alcohol on the structures of the body:

℞ Quininæ sulph..... grs. ii.
Zinc oxide..... grs. ii.
Strychnia sulph..... gr. 1-40
Arsenic..... gr. 1-100
Capsicum..... grs. ii.
M. et ft. pill No. i. Sig.: One pill three times a day.

Together with this pill, Dr. Mann uses in his private hospital for sixteen days the following hypodermatic dosiometry:

℞ Strychnia nitrat..... gr. i.
Aquæ dest..... ʒ ss.
M. Eight minims daily for eight days; 4 minims daily for another eight days. To quiet the morning nausea of alcoholics, two or three drops of wine of ipecac on the tongue, fasting.

The patient is kept in bed for the first few days, and fed on milk and meat juice for nourishment. Hydrotherapy and electrotherapy are employed. To induce sleep, the following sedative is administered at night for a few days:

℞ Tr. opii deod.
Ext. hyoscy. fl.
Chloral hydrat.
Pot. bromid. } ää..... ʒ i.
Tr. capsici..... ʒ ss.
Tr. aconit. rad..... m v.
Aquæ menth. pip ..... ad ʒvi.
M. et Sig.: Two tablespoonfuls at bedtime for a few days only, freely diluted with water.

If the patient is very much excited and is bordering on delirium tremens, the following is useful for two or three nights:

℞ Hyoscin. hydrobromat..... gr. i.
Aquæ dest..... ʒ ix.
Spt. vini rect..... ʒ i.
M. et ft. hypodermatic solution. Sig.: Dose from 5 to 10 minims *pro re nata*.

In order to render Dr. Mann's pill available to the medical profession, Parke, Davis & Co., have added it to their list of gelatin-coated pills, which they are now prepared to supply in bottles of 100 or 500.

Diet for the Inebriate. The diet table in Dr. Mann's hospital consists of milk, eggs, oysters, meats, fish of all kinds, buttermilk and koumiss, plus a minimum amount of the cereals. Vegetables and starchy foods allowed only very sparingly, the idea being to rely on a diet which requires the least vital force and oxygen to digest, assimilate and appropriate, and to have ingested into the body such material as will, when brought under the influence of oxidation, yield energy, which is the expression of vital activity, and give the largest working power for the amount of food taken. By such a plan of treatment patients are sent out with restored health, the craving for alcohol gone, the lost will-power restored, the shattered nervous system built up, and with a concentration of energy, physical ability and mental activity obtainable by no other plan of treatment.

Stab Wound of Heart. Recovery. It does indeed seem like bold surgery to attempt to treat wounds of the heart. But Dr. Heine Marks, superintendent of the City Hospital, St. Louis, not only thinks it good surgery, but also puts his ideas into operation. In a late number of the *Medical Fortnightly* he reports two cases, one of which ended in recovery. The original cut, one inch in length, was enlarged by Dr. Marks to four inches, parallel with the costal cartilage. The ninth and tenth cartilages, to the extent of one and one-half inches each, were removed. The pleura was found to be perforated and the air rushed in and out with each respiration. The pleural cavity was filled with blood. The pericardium was incised, and there was a cut in the apex of the heart large enough to admit about one-half inch of the tip of the finger. The cavity was packed with gauze, patient put to bed, and hot bottles applied. This occurred September 21, and October 10 the patient was discharged cured.

Asepsis in Obstetrics. In a late discussion on asepsis in obstetrics, Dr. Joseph Price uttered these words: "Now I know very well that some of you practicing in healthy country districts are a little surprised that the ante-partum and post-partum douches should be used The ante-partum douche I value more for saving the eyes of the babies than I do for saving mothers. I am

satisfied that in my own State of Pennsylvania, if every woman delivered in the next ten years should have an antepartum douche of a one to two thousand mercury solution, *it would reduce our blind asylums from ten to one;* that ophthalmias would scarcely be heard of. My nurses at the Retreat are just as ignorant of ophthalmia as I am of leprosy. If you should visit that institution and ask an intelligent, painstaking, clean nurse, 'Have you any ophthalmia?' she would smile and say no; she could not answer your question, or if so she would answer it simply from her knowledge of what she had read." The discussion, is found in the *Medical and Surgical Reporter.*

Identification of Blood.

In the *Medical Times* is an article on medical jurisprudence, discussing especially the identification of blood. We were somewhat surprised to learn that "ordinary witnesses may testify as to blood stains," *i. e*, whether certain stains were really blood stains or not. The rule of the courts is that any ordinary witness is competent to testify that they observed spots of blood upon the clothing, and that no chemical analysis of the substance supposed to be blood is necessary. But when the question arises whether the blood is human blood or the blood of an animal, it would seem to be one of science, requiring the testimony of experts. The opinions of a number of experts are given concerning their ability to tell human blood from that of certain animals. The conclusion reached is given as follows: There is a "growing tendency among scientific men to doubt their ability to identify blood corpuscles; and the drift of opinion in the same direction is further shown in the Borden case, at Fall River, Mass."

Can This Ever Be Remedied?

We get these figures from *Leonard's Illustrated Medical Journal*, of Detroit.

The thirty-fifth report of the Reformatory and Refuge Union states that in Great Britain and Ireland 145,600 persons are every year committed to prison as drunkards, of whom 112,000 are men and the rest women. An English paper, from statistics taken from the press of the United Kingdom, reports the records of the murders of women by inebriated husbands, from January 1, 1889, to January 1, 1891, to be 3,004. In a late debate in the German Reichstag it was stated that there are at present 11,000 persons in hospitals and insane asylums who are suffering from delirium tremens. The police report states that the licensed houses in London, England, number 14,085, giving one to every 413 of the population. Of the 30,000 criminals in German prisons, 14,000 were arrested for crimes committed under the influence of intoxicating drinks.

Give Less Morphine.

Dr. Mattison of Brooklyn says that in reply to the question "would humanity be happier without the hypodermic" he would say it is certain that a more limited use of it would be the best restrictive measure in the rise and growth of opium addiction. He holds the profession responsible for much of this trouble. To advise a patient to use the hypodermic is, except in the rarest imaginable cases, nothing short of criminal. Physicians should give more personal counsel so that the narcotic may not be continued in any form when the proper need for it is ended. Erlenmeyer thinks that morphinism will grow worse and worse, from year to year. Dr. Mattison says that young physicians especially should be urged to use less morphine, as they are making most morphinists. Among the senior members the use of morphine subdermically is steadily decreasing. To bring ease and sleep, the non-opiates of modern medicine should be first tried. It should be a felony for retail druggists to sell morphine or to refill a prescription containing it, without an order from a physician. These ideas are found in an article in Notes on New Remedies.

Animal Extracts.

As the readers of this journal may have discovered, we have not been in full sympathy with those critics who have been so ready to declare the labors of Dr. Brown-Sequard simply those of an old man who has passed his day of usefulness and power. Had these labors resulted in something more in keeping with the thoughts of the critics, this verdict

might not be so readily given. However, not only does Brown-Sequard keep on with his experimenting, but it is also true that American physicians are now endeavoring to ascertain for themselves what truth there may be in it. The London *Lancet* has had interesting, and we might say enthusiastic articles on the subject. We believe the situation justifies us in saying that there is a large and growing interest among our own physicians on the subject of the employment of animal extracts or tissues in the treatment of certain diseases. Theoretically, physiologically considered, there is very much in the method to commend. In a recent journal we noticed that dessicated thyroids were prescribed by one of the best known surgeons in this country, in a beginning myxœdema; while a number of physicians have reported on various cases. There is something in it; how much no one can tell at present.

Treatment of Myxœdema. A number of cases have recently been reported of the treatment of myxœdema by thyroid glands. Only two years ago this disease was regarded as incurable, and all treatment hopeless, but the last eighteen months have witnessed a great triumph in medical science so far as this disease is concerned. One writer reports six cases greatly relieved or apparently cured by the administration of a powder of the thyroid extract. Another physician reports a case of typical myxœdema of years' standing, in which the improvement was most marked and rapid by the use of the raw gland. Another case is reported of twelve years' standing, which is rapidly improving under half a gland, lightly fired, three times a week. Still another writer reports cases cured by the hypodemic use of the extract.

Cardine; the New Extract of the Heart. Dr. William A. Hammond of this city contributes an article to the *New York Medical Journal* on another of his organic extracts. This one, prepared from the heart of the ox, he has named Cardine. Dr. Hammond describes the method of preparation; experiments on animals and on healthy men and women. He also reports a number of cases giving the results of treatment by this method. The physiological effects of Cardine are: (1) Within ten minutes the pulse becomes fuller, stronger and sometimes more frequent. This is illustrated in the article by sphygmographic tracings. (2) The arterial tension is augmented. (3) The amount of urine is increased by from ten to eighteen ounces, due to increase of heart pressure. (4) The number of red corpscles is increased, as proved by the hæmocytometer. Speaking of this fourth effect, Dr. Hammond says: "I know of no fact more definitely established than this."

He has used Cardine more frequently in those cases of nervous prostration attended with anæmia and sometimes chlorosis. "In such cases its action is so prompt and effectual as to excite surprise in all who have witnessed the change." The cases reported give most pronounced evidence of the effects of this extract. But Dr. Hammond does well in advising the profession to go slow in its use; while he cautions against the verdicts of over-enthusiastic and inexperienced or ignorant persons who claim altogether too much.

Cerebrine in Locomotor Ataxia. Dr. Græme M. Hammond recently reported a case of locomotor ataxia to the New York Neurological Society. The treatment consisted of daily hypodermic injections of cerebrine, five minims, combined with five minims of water. After ten weeks of treatment there was most marked improvement. "The man's sexual functions had been perfectly restored, he had complete control over his bladder and bowels, the sharp pains had disappeared, his general health had improved, he was able to run up and down stairs, and could stand fairly steady with his eyes closed. The knee-jerks, however, had not returned. No other treatment had been employed. The improvement had been gradual and steady, and had begun about a week after the first injection." The cerebrine employed was that prepared by Dr. William A. Hammond of this city.

Function of Thyroid Gland. It appears there is now every reason for believing that the function of the thyroid gland is to destroy certain

poisons which develop in the body. Atrophy of this gland produces the disease known as myxœdema, while if the gland be supplied to the body again the disease will disappear. Myxœdema, therefore, is an auto-infective disease. This whole subject forms one of the most interesting chapters in modern therapeutics and illustrates the value of experimental physiology and vivisections to a marked degree.

Diet in Times of Cholera

Dr. Geo. M. Kober of Fort Bidwell, Cal., contributes an article to the May number of the *Virginia Medical Monthly* on the "Etiology, Distribution and Prevention of Land and Ship Cholera." With respect to diet he says that upon the approach of cholera none but the most wholesome food, properly cooked, should be consumed. The water and milk should be boiled before drinking. The hands should be frequently scrubbed with soap and brush, especially before meals, and the system should be placed in the best possible condition to resist the disease.

Foods for Children.

Dr. J. Madison Tayler of Philadelphia contributes a valuable paper to the *Medical and Surgical Reporter* for June 3, on the treatment of gastro-intestinal catarrh in children. Speaking of the preparation of foods for children he says he wishes he could believe that mother's milk was the best food for a baby; it ought to be but it is not. It so rarely happens that a mother is both a good mother and a first-rate cow, that one stands among the rarities. In the lower walks of life the mother has not only large drains upon her through unavoidable physical labor, but has responsibilities, in the bearing of which variations arise which reflect themselves upon her milk. If she content herself with simply being the mother and caring only for the baby, as in the case of a well-paid wet nurse, that would be quite a different matter. A wet nurse is able to be many times better than a mother. The mothers of the upper walks of life have also many drains upon them, chiefly emotional, and they, too, fail many times, but not necessarily oftener than the poorer ones, although the contrary notion prevails. The wet nurse, theoretically the best supply of food for a baby, is seldom much better than is careful hand-feeding. So, when all is said and done, thoroughly careful hand-feeding is about the safest and most reliable.

Treatment of Cow's Milk.

In speaking of the treatment of cow's milk the same writer says that milk from the cow contains certain volatile principles which, if not removed, are partly poisonous. After being drawn, milk should instantly be placed in a temperature of 60 or 65 degrees, in a clean atmosphere free from all objectionable odors, and there allowed to remain until quite cool. Thus are the gaseous principles expelled from it and in other ways it is rendered more wholesome. When received by the consumer, it should be put carefully in an hermetically sealed vessel and in a cool place, not necessarily the refrigerator, which usually contains butcher's meat or other materials which may give forth offensive smells, but kept apart by itself, if merely placed in the shade where a good draft blows, and it is cool as in an ordinary cellar. In very hot weather it is well at times to employ sterilization, but this should never be continued any length of time, because sterilized milk does not maintain the health, nor is it competent to form the best of muscle and other structures.

The Use of the Peritoneum.

Comparative anatomy seems to show that man has the least amount of peritoneum of any of the mammals; and that it decreases as the scale of animal life ascends. In the New York *Medical Journal* for June 3, Dr. T. Byron Robinson of Chicago contributes an interesting study on this subject. He says the first and foremost use of the peritoneum is to prevent friction. A second use is to anchor organs in the abdominal cavity. It limits the movements of the viscera so that they do not get entangled. If the anchorage of the viscera becomes defective, disaster soon follows. No inguinal or femoral hernia can arise without an elongated mesentery. It is frequently asserted that one can approach

the appendix extra-peritoneally, but anyone can take the liberty of flatly contradicting it, for it cannot be done. A third use of the peritoneum is to check the invasion of infection. It is a curious fact that the peritoneum will tolerate any quantity of pus on the outside surface, but the moment the interior is invaded by one drop, inflammation rapidly spreads. A fourth use of the peritoneum is to repair damaged viscera. Dr. Robinson has proven, by experiments on dogs, that in gunshot wounds, a piece of omentum will actually repair a hole in the intestine. A fifth use of the peritoneum is as an absorbent. It will rapidly absorb fluids. Man, having the least peritoneum, as compared with the lower animals, is the least liable to disease of it.

Enormous Ovarian Tumor. Dr. W. W. Keen has recently reported to the Philadelphia Academy of Surgery the case of a young girl but fourteen years of age, from whom he removed an ovarian tumor weighing one hundred and eleven pounds. The child herself weighed only sixty-eight pounds. The tumor, therefore, weighed over one and a half times as much as the patient. The recovery was most satisfactory.

Modern Antipyretics. Some one has said, any agent which is capable of good has an equal power for harm if improperly employed. This seems to be true even of the modern antipyretics, as related in the Brooklyn *Medcal Journal* for June, by Dr. Frank E. West of Brooklyn. Dr. West says the medical press is continually reporting the unfortunate effects of these new drugs. One writer holds antipyrin responsible for death in two of his cases. Another reports a case where the patient died from syncope thirty-two hours after taking thirty grains of antipyrin in two doses. Another case of poisoning from this drug is reported after the administration of twenty grains. Another case is given where severe symptoms followed the use of five grains taken for the relief of headache. Several cases are reported where acetanilid caused most unpleasant symptoms, and in one case, after taking five grains, the patient died. In one number of a medical journal a writer recommended acetanilid in five-grain doses, repeated every two hours, for painful menstruation, especially of young girls. Only three months later the same journal published a case of poisoning by the use of three five-grain doses, in a woman thirty-seven years old. One case of phenacetine poisoning is reported. The patient took three seven-grain doses and soon suffered severely, entering into a state of collapse. The bad symptoms did not pass off for a week. One fatal case of antikamnia poisoning is reported. The patient took twenty-four grains for a slight headache, without a physician's advice. The author regards the discovery of these drugs as a great blessing to mankind, but prudence suggests care in their employment.

Antipyrin in Erysipelas. In discussing the above paper before the King's County Medical Society, Dr. Henry Conklin said that he had found antipyrin a valuable drug in the treatment of facial erysipelas. It might be called a depressing treatment, but the depression was always within physiological limits. The patient is quieted and soothed by the drug, the local pain is relieved and the delirium has not been encountered. He had satisfied himself that by the use of antipyrin the duration of the treatment had been reduced three or four days. The heart should be examined first before beginning the use of the antipyrin. If there be aortic or mitral regurgitation; if the patient be old and feeble; if there be cardiac dilatation; or if the case be seen late in its history, then this drug is one of the worst to employ.

A Commercial Value of Life. Dr. Joseph Price has recently related the following case illustrating, to a marked degree, the commercial value too often placed on a human life:

"A creature (I avoid the names, man or gentleman, to avoid misnomer) from a border State brought his wife to me. She was suffering from a tumor. She was emaciated; her face was all lined with the traces of her suffering, and without surgical interference and relief, there was before her a life of misery, of

incapacity for social or domestic duties. I advised immediate operation, while conditions favored rapid and complete recovery.

"The husband inquired what my fee would be. I fixed it very low, little more than covering the nursing and actual hospital expenses. He turned to his wife and said: 'Mary, you can keep your tumor.'"

Uses of Phenacetine.

The same speaker told of the great value of phenacetine. It is very beneficial in the early stages of pneumonia, especially for the relief of the pain, the pleuritic pain. Phenacetine will stop the pain better than opium or morphine. Opium is a dangerous drug to use in this disease. Phenacetine reduces the pain, dilates the vessels, and sends the blood to other parts and so relieves the local congestion.

Acetanilid in Dysmenorrhœa.

At this same meeting Dr. Eliza Mosher said she had used acetanilid in several hundred cases of congestive dysmenorrhœa with very excellent results and without any harmful effects. She gives the drug herself, rather than a prescription, and allows three powders a day of from three to five grains each.

The Danger-Line in Anæsthesia.

From the Reports of the Clinical Society of Louisville, as published in a recent number of the *Medical and Surgical Reporter*, we glean the following interesting statements: Dr. Kynett of Philadelphia called attention to this valuable sign as the danger-line in anæsthesia: when the addition of fresh ether to the cone fails to produce an up-and-down movement of the wind-pipe the ether should be withdrawn; when that movement occurs, the condition is a safe one.

Responsibility of the Anæsthetist.

Dr. McMurtry of Louisville said he did not believe we can too strongly emphasize the responsibility of the anæsthetist in surgical work. That is a position of the highest responsibility and requires judgment, care and skill; and since the operator assumes all responsibility it is a position of high trust. The duty of an anæsthetist should be entrusted only to those who have learned how to administer these agents, and who realize the responsibility. Dr. T. P. Satterwaite said that in nine-tenths of the surgical operations the anæsthetist has the most responsible position.

The Successful Specialist.

Within a month we have been told by three fresh graduates that they were going into the field as "specialists." Let them heed the words of those best able to judge. Dr. Joseph Price has lately said:

"The successful specialist must have several years of active general practice. It is in it he gains his first and best lessons in practical obstetrics and in the diseases peculiar to woman. It is in this general practice he first encounters the one among many gynecological difficulties, that of rational diagnosis."

Treatment of Cholera

The readers of this journal will find in our January number an abstract of a paper on the treatment of cholera, by Dr. Elmer Lee of Chicago, as read before the Medical Society of this city. Dr. Lee has recently given his paper before the Practitioner's Club of Chicago, in which he advocates the same line of treatment heretofore given, with additional statements concerning the value of internal treatment. For this he advocates Marchand's peroxide of hydrogen in cupful doses of the strength of 4 per cent, or even much stronger. He says, "it is a better antiseptic than any other drug heretofore known in the treatment of cholera." The peroxide, in cupful doses of 4 per cent strength, is given at intervals of two hours during the sickness, till convalescence.

Dr. Cyrus Edson of New York says that "there is no other antiseptic that will effect the amount of germ destruction in the alimentary canal equal to the peroxide without inflicting injury." He regards hydrogen peroxide as a specific in yellow fever, and uses it freely in dysentery, typhus and typhoid fevers. He concludes his article in the *Doctor of Hygiene* as follows: "Chemistry has only recently given us hydrogen peroxide in its pure form, and to the efforts of Charles Marchand of New York, more than to

any other man, do we owe this invaluable remedy. A host of imitators have deluged the market with substitutes for his hydrogen peroxide. I have found his preparation *facile princeps.*"

Treatment of the Gouty State.

Dr. Frank Woodbury of Philadelphia, in a recently delivered clinical lecture, says that uric acid is not the cause of gout; "it is the gout, on the contrary, which causes the excess of uric acid." He regards as one of the most important means of treatment the persistent use of a good natural lithia water, which may be used at the table and at other times. All artificial waters, as pointed out by Sir Henry Thompson, as well as all solutions of salts, are far less efficient, therapeutically, than waters from Nature's laboratory. He says it is gratifying to witness the good effects of the daily use of four or five glasses of the Buffalo Lithia Water in relieving the usual symptoms of lithæmia, or even in removing the more severe condition of gravel or uric acid deposits. The use of salt with the meals should be restricted, as sodic chloride in solution has the power to precipitate sodium bi-urate and increase the deposits in the joints. Of course all salt meats are objectionable, and it is well to remember that butcher's meat contains a considerable amount of the chloride of sodium. Da Costa limits the amount of sugar and starches in the food, because gouty patients are likely to have acetous fermentation in the stomach.

Bromides in Congestion.

It is wonderful, when one comes to think of it, how many diseases are caused by congestion, and also how many diseases can be cured by relieving or removing the congestion. When there is too much blood in the head, causing what is called cerebral congestion, or congestive headache, we have a valuable remedy in the bromides. A recent writer says that if he makes the diagnosis of cerebral congestion and prescribes such a preparation as Peacock's Bromides, and no relief follows, he is sure the error is in the diagnosis. This writer finds that other forms of congestion, as uterine congestion, congestion of the lungs, etc., are equally relieved by a reliable preparation of the bromides.

The *Medical Brief* says that the Natrolithic salt of the Health Restorative Co. is the most pleasant in action of any of the saline purgatives.

In the treatment of Nervous Diseases and General Debility, McArthur's Syrup Hypophosphites demonstrates its restorative powers. Here it is not the stimulating action of the remedies usually classed as tonics that is needed. The organic powers of the system are already taxed to their utmost ability to carry on the physiological processes of life. The Hypophosphites of lime and soda give the much-needed effect in these conditions—not that of a stimulant by irritation, but that of a true nutriment to the starving tissues. Its tonic effects are permanent as they are the effects of a richer blood supply, bringing healthy food and oxygen to the tissues. Thus the patient is gradually brought up to his normal condition.

The Popular Health Magazine. We are in receipt of the first number of a very attractive looking monthly called *The Popolar Health Magazine.* It is "a National monthly journal to popularize hygiene and preventive medicine; treating in plain language of all that pertains to healthy life." The subscription price is one dollar a year. Published by the Health Magazine Company of this city. Upon inspection of the contents of this number they are found as attractive as the cover, while the mechanical work is much above the average.

PAMPHLETS RECEIVED.

Ovariotomy in Old Women.—By Joseph Taber Johnson, M. D., of this city. A paper read before the Southern Surgical and Gynecological Association.

The Reconstruction of the Pelvic Structures in Women.—By Henry O. Marcy, M. D., of Boston. Reprinted from the transactions of the American Association of Obstetricians and Gynecologists.

Inguinal Hernia in the Male.—By Henry O. Marcy, M. D., of Boston. A paper read before the Southern Surgical and Gynecological Association.

The Disease-Process, Glaucoma.—By S. O. Richey, M. D., of this city. Re-

printed from the *American Journal of the Medical Sciences* for June.

The Climatic Treatment of Phthisis.—By Karl Von Reeck, M. D., of Asheville, N. C. A reprint from the *Medical Record.*

(*1*) *Microscopic studies in pelvic peritonitis.* (*2*) *Colpo-Hysterectomy for Malignant Disease.* (*3*) *Diagnosis and some of the Clinical Aspects of Gyroma and Endothelioma of the Ovary.* (*4*) *Carcinoma on the floor of the pelvis.* (*5*) *Sterility in Woman, causes and treatment.*—These are five reprints from articles contributed to the *Medical Record* and other journals, by Dr. Mary A. Dixon Jones of Brooklyn.

The Meckel Diverticulum.—By D. S. Lamb, M. D., of Washington, D. C. A reprint from the *American Journal of the Medical Sciences* for June.

Colotomy.—By Chas. B. Kelsey, M. D., of New York. A reprint from the *Therapeutic Gazette* for May.

Reminiscences of the Founders of the Woman's Hospital Association.—By Thomas Addis Emmet, M. D. A reprint from the *New York Journal of Obstetrics and Gynæcology* for May.

Narcotics and Narcosis in Children.—By Dr. John S. McLain of Washington, D. C. A reprint from the *Archives of Pediatrics.* See the June number of this journal, page 57.

The Popular Science Monthly for July contains a number of interesting articles. Dr. Minot, of Harvard, has an illustrated article on the structural plan of the human brain. Professor Minot concludes (1) that the central nervous system is a medullary tube, the walls of which form two dorsal zones and two ventral zones: (2) that every nerve fiber arises from a single cell only, and is nowhere united with any other cell: (3) that every nerve fiber has a branching termination: and (4) that there are three kinds of nerve fibers. Dr. Minot also concludes that cerebral physiology is likely to remain a science of unsolved problems.

The Century Dictionary is a great reference book. By inclosing ten cents to the publishers a pamphlet of specimen pages will be mailed. This gives something of an idea of the completeness of the work itself and shows how valuable it may become to everyone.

Letters to a Young Physician. No. 17.

MY DEAR DOCTOR:—And now I will attempt to answer the question you asked me some time ago, although I am sure my answer will not exactly please you. Do I advise you to take up the study of some special branch of our work? That is, do I advise you to become a "specialist"? I answer most emphatically, No. To be sure, I know what you will say and am perfectly familiar with all the old arguments in favor of such a course. You would prefer to be a master of one thing rather than be mastered by twenty; you believe special work is more remunerative; you think it is easier and you have more control of your time. But I would remind you that you did not study medicine with the expectation of having either an easy time or a glorious holiday. You certainly should not have done so for any prospective wealth; and so far as mastering any subject, if I were in your place I would not confess I could not do what thousands have done and are doing. Few of those who adopt a specialty make a marked success of it, and largely, I think, because they find themselves unadapted to their work. First, study thoroughly the whole profession and after years of general experience if you find your success most marked in some particular line, then consider the question of making that your exclusive field.

A freshman in college does not know so well in what studies he will show the greatest proficiency, as he will know on the day of his graduation. Excuse me, my dear doctor, you are a freshman. Wait a few years and you will be a thousand times less liable to make a mistake. To my mind, there is no nobler specimen of mankind than the broad-minded, liberally educated general practitioner of medicine; and he who would escape the immense responsibilities of such a life with all its hardships and trials is not worthy to be accounted one of us. Therefore, enter upon the work of the general practitioner and consider later the "specialty question." When that time comes you will not need, neither would you take my advice.

Very sincerely yours.

THE REVIEW.

AT THE DOCTOR'S EXPENSE.

BUT HE CAN'T ADVERTISE.

A physician sits in his office chair,
And there broods on his face a look of care
While he groans and wails and tears at his hair.

"Alas! and alas! and alack!" he cries,
"Surely fortune and fame would both arise,
If Old Ethics would let me advertise."

At last a bright thought comes into his brain;
Says he: "I must try that old racket, 'tis plain;
It worked O. K. once, and I'll work it again."

He wrote half a page on "The Evils of Pork,"
And the case of a man who swallowed a cork
And a spoon and a knife, but got stuck on a fork;
Told how he cured an imprudent fellow
Who swallowed entire a gingham umbrella
And brought it intact from the patient's patella.

The newspapers all extended their thanks;
He opened accounts at the various banks;
He'd baited with Ethics and caught all the cranks.
—*Printer's Ink.*

A boy arose one wintry morn
And came to breakfast rather late;
He kicked because he did not find
Some nice warm pancakes on his plate.
His father took him o'er his knee
And raised his hand oft through the air,
And when that boy got loose from him
He hid his spankaches in the chair.

Here is a good story of a doctor and apainter's wife. The doctor's name does not appear, but the painter was Meissonier. Mme. Meissonier sent for the family physician in a great hurry. He came, thinking some illness had overtaken the artist. But it was not the artist. It was only a lap-dog. He pocketed his pride and attended the patient, who soon recovered. At the end of the year the bill came in, but there was no item for attendance on a dog. Mme. Meissonier noticed the omission and told the doctor to charge. He would not charge; he said he could not charge; he was not a Vet. He was very glad to be kind to the dog, etc. The lady insisted. "Well," said the doctor, "the hinges of my garden gate are rusty; ask M. Meissonier to bring his brush and paint them for me."

First Boy: No, sir, you don't catch me shamming off sick to stay home from school and get dosed up with castor oil and such stuff.

Second Boy: Oh, I'm all right on that. We're homeopaths at our house.—*Life.*

DIDN'T WAKE UP AT ALL.—*Dr. Chargit:* Did the baby wake up much in the night?

Mr. Noopop (grimly): It didn't wake up at all. It never went to sleep.

"So she married a man who lived in a distant city? How did she happen to become acquainted with him?"

"She saw his portrait in a medical advertisement in a newspaper and fell in love with it."—*Cape Cod Item.*

"John McDuffy, charged with vagrancy. What can you say for yourself?"

"Not guilty, your Honor."

"What is your business?"

"A professor of bacteriology."

"Ten dollars and twenty days—no visible means of support."

Visitor (picking up the baby): So this is the baby, is it? Bless his little tootsie-wootsies! Kchee-e-e! Watch me poke um's ribs.

The Boston baby: Mother, will you kindly inform me whether the deplorable condition of this person is due to permanent dementia or spasmodic and intermittent insanity?

Examination Physician of Insurance Company: What did your father die of?

"Palpidation ohf der heart."

Physician: Mother?

"Palpidation ohf der heart."

Physician: Two brothers?

"Palpidation ohf der heart."

Physician: What caused it?

"Dhey each bought a lottery ticket and missed der big prize."

Small Boy: Papa, what are roosters?

Father: Gentlemen hens, my son.

Small Boy: Do they lay eggs or hatch chickens?

Father: No.

Small Boy (meditatively): Only hens and ladies hatch chickens and children, consequently I won't have the anxiety of hatching children.—*Ex.*

Young Dr. Meyer is sitting in a crowded tavern. Enter Johann, his servant, who says in a loud voice:

"Oh, doctor, come home at once, there is a patient waiting for you." Then he whispers into the doctor's ear: "I have locked the front door so he can't get away."

THE
NATIONAL MEDICAL REVIEW.

VOL. II. WASHINGTON, AUGUST, 1893. No. 6.

THE EDITOR'S TABLE.

The Prevention of Disease.

Mr. Ernest Hart of London deserves the thanks of the whole medical fraternity for presenting with such clearness before the American Medical Association at its recent meeting, the subject of Preventive Medicine. He calls attention to the fact that smallpox has been almost rooted out; typhus fever is almost unknown; while cases of typhoid fever should be equally rare. He shows the relation of cholera to the water supply and concludes that if the latter is of a pure character the former will be unknown. He says that if Paris was supplied with pure water it would never have another case of cholera. The same would be true of Marseilles and Toulon. He says he is satisfied there will never again be an attack of epidemic cholera in England because while their water supply is not perfect yet it is in such a good shape that they need have no fear. Trace your water supply to the very top, he says, and see to it that none but the purest be supplied.

The Philosophy of Chewing Gum.

We do not have to go back very many years to reach the time when the accomplished art of chewing gum was considered any thing but desirable! But when the advertising agent gave the public at large the philosophy of this complicated process and assured them that the increased flow of saliva had a most beneficial effect on the process of digestion, it was then that the immense sale of this article began. We were surprised a few days ago to notice the reading matter around one of these packages of gum. It assures the purchaser that there is one grain of pure pepsin in each stick. It further says that this grain will digest 2,500 grains of albumen. It further gives assurance that this is a pleasant way for taking such a remedy and lauds the preparation as a specific for all kinds of dyspepsia. Some physicians assert that the use of pepsin by them is not as great as formerly, but we can assure the manufacturers that there will be no falling off in the demand, now that the gum manufacturers have taken up the subject!

Sure Cure for Diabetes, Rheumatism, etc.

We have been favored with a circular from the Geneva Mineral Water Company of this city. It is one of the kind not likely to be sent to physicians unless it is pretty well known they are of the weak-minded and unorthodox kind. Therefore, we flatter ourselves we are so regarded by this local company! On the cover of the pamphlet we are told that this mineral water is "A sovereign remedy for all kidney trouble and we will guarantee it to cure diabetes, rheumatism, dyspepsia, insomnia, chronic constipation, and dissolve stone in the bladder in thirty-six hours."

This excels anything recently brought to our notice. "Dissolve stone in the bladder in thirty-six hours!" It must be composed of nitro-muriatic acid, or some other soothing lubricating drug! The testimonials form as interesting reading as is found in *Judge* or *Puck!* Many of these are of a local character. From the "Editor's office of the *Republic*" we learn that the writer has been obliged "to wear a porous plaster constantly, which I have now discarded." Too bad that this old plaster which has stuck closer than a brother for many years, and withstanding the hardships of the monthly bath, must at last be cast aside. We wonder how many testimonials had been given on the strength of this old plaster!

Another testimonial tells how the person fell down stairs, severely bruising the limbs; but one and one-half gallons of this water "worked wonderfully." Just the therapeutics of such an application it is hard to tell, but it follows that the same remedy which dissolves stone is wonderfully good for bruises! Dyspepsia is cured by drinking three glasses! Truly this is a wonderful age and the city of Washington should be proud there are such philanthropic persons in its midst!

Circulation Increased.

The Editor wishes to announce that the circulation of this journal has been *greatly increased* during the past month! Two new subscribers have been captured and great efforts will be used to retain them! This reminds us of the following dialogue:

Editor. What circulation do we claim now?

Foreman. Nine hundred, sir.

Editor. Make it nine-fifty. I just received a conditional subscription.

The Æsthetic Sense in Animals.

We find, from a translation in *Public Opinion*, a discussion of the interesting questions, Do Animals Have an Æsthetic Sense, and Are they Possessed of any Religious Feeling? Do they have any elemetary sense of the beautiful? We are assured that this sense does certainly exist. In fact, probably the majority of the readers of this journal have had their attention called to this particular gift in birds. These animals have a taste for bright colors and melodious sounds; while the male often fascinates his mate with the beauty of his plumage or the flexibility of his vocal chords. The article to which we refer calls especial attention to the habits of a bird, called the Baya. He has a passion for brilliant and variegated objects, and he has a habit of ornamenting the entrance to his nest, which is built with infinite art and elegance, with a variety of objects, gathered by bits from all quarters, which happen to strike his fancy. Among them are brilliantly colored feathers of other birds and bright bits of shells; while the bird struts about in the midst of all this with evident pleasure. Insects seem to possess this æsthetic sense as well. Many animals are affected in a marked manner by musical sounds, often showing their preferences and their antipathies.

The Religious Feeling in Animals.

The above article states further that while the religious sentiment in animals is of a very inferior order, yet there is abundant proof that it exists. Attention is called to the sentiment of the mysterious and supernatural which is manifested by a number of animals. Herbert Spencer reports some observations on a large mastiff which belonged to one of his friends. The dog, playing

with a cane which had been turned over to him, inadvertently struck the ground very hard with one end of it, and, naturally, the other end struck with force against his mouth. The animal, at that unexpected manifestation, showed consternation, and suspecting some sorcery, concealed himself. It was with great difficulty that he could be induced to return to his plaything. "His conduct showed very clearly that the pain, so long as it only exhibited traits with which he was familiar, was not considered by him as an active agent; but as soon as he received an injury from it he was led for the moment to class it with animate objects and to consider it as capable of injuring him anew." The article concludes that the higher animals certainly possess the rudiments of a religious sentiment. But, to our mind, the evidence presented is extremely weak.

The Umbrella, the Foul Air, and the Well.

From the daily press we learn of an incident showing the application of genuine Yankee ingenuity to a scientific truth. A man took a job to clean out a well, and before doing so took the precaution to let down a lighted candle in order to ascertain the quality of the air at the bottom. When the candle had reached within about six feet of the bottom it was suddenly extinguished. The man was then satisfied the well contained poisonous gas. He did not study long over the scientific aspect of the question, but simply tried to answer in his own mind how to get that poisonous gas out. Equal to the emergency he procured a small umbrella, tied a string to the handle, and lowered it open into the well. Then he raised the umbrella, and, carrying it some distance from the well, turned it over. He repeated this operation twenty or thirty times, much to the amusement of the bystanders. He again lowered the candle and found it burned clear and bright, even at the bottom. This was not luck nor a happy trick; it was a practical demonstration of a scientific truth.

Mental Medicine.

Dr. Allan McLane Hamilton has a very interesting article in the *Century* for July on Mental Medicine. The emotional excitement so often connected with intense religious feeling furnishes an excellent example of what may be done by mental therapeutics. These cures are usually ascribed to some unknown power and are called miraculous cures. Most astonishing cures are made by the use of waters from the famous springs at Lourdes, while those who have visited any of the small chapels scattered along the French seacoast are familiar with the votive offerings which they contain. Dr. Hamilton does not tell us how far it is permissible to appeal to the imagination of nervous people; but miraculous cures seem to pass over the country at times like an epidemic. What the possibilities are of this treatment of disease through the imagination it is difficult to state. Dr. Hamilton does not believe an organic disease is ever cured by it. He has seen, however, a number of cases that have been cured by suggestion; for instance, writer's cramp, which is a diseased automatism, has been repeatedly cured in this way. He has also seen cases of persistent tremor, chorea, speech defects and other like disturbances, very much ameliorated, if not cured, by this method.

Washington Has Pure Drinking Water.

We wish all our exchanges would make note of the fact that the city of Washington is supplied with unusually pure drinking water. The belief that a number of the medical men who were

here in the convention of 1891 were made ill by our drinking water, may be quite general, but it is untrue nevertheless. Many of these delegates came from climates greatly differing from this, and they found themselves surrounded on every hand by conditions much unlike those to which they were accustomed. It should be the case that medical men should be just the ones to adapt themselves to such changes; but they do not always practice what they teach.

The changes of diet and climate are very important factors to be taken into consideration. The convention of 1891 was treated to the latter in this city in such a manner that it was not surprising nature sought relief in the way she did in the cases of so many of the delegates. Had these men been prepared to meet the condition of things, the drinking water of the city would not have been obliged to bear all the blame.

Knowing something of the impression abroad on this point, Dr. S. S. Adams, Chairman of the Committee of Arrangements of the Pan-American Medical Congress, requested an official analysis of the Potomac water. The official chemist of the District says he does not believe there is any better water in the country. He reports the following analysis:

Total solids	125.
Nitrogen, as:	
Free ammonia	.0200
Albuminoid ammonia	.0661
Nitrates	.000
Nitrites	.6
Oxygen consumed	1.64
Chlorine	4.7

Rapid and Successful Operating.

We once heard a very distinguished surgeon say that in these days of anæsthetics there was no need of making haste while operating. He had for his motto, "An operation is done soon enough when it is done well enough." This is a good and true motto, no doubt; but we have noticed in many of the journals of late that the operating surgeon frequently calls attention to the desirability of completing an operation as soon as it is possible, thereby diminishing the tendency for the nausea and vomiting after the ether, lessening the degree of shock, and reducing the chances of complications from the effects of the anæsthetic. Mentioning this to Dr. I. S. Stone of this city, he said that he had recently removed a uterus with very large subperitoneal fibro-myonata, together with the uterine appendages, and had completed the operation even to the last superficial suture, in just forty-five minutes. The patient was sitting up in two weeks and made as uninterrupted a recovery as after a simple ovariotomy.

What Real Education Can Do!

One of our exchanges, in reviewing a recent book, speaks most highly of the gifted authoress and quotes the following as a sample of her beautiful style:

"She has remaining the mellow, less obtrusive, but none the less enchanting and inspiring light of friendship, and into its charmed circle she may gather the best the world has known. She can commune with Socrates about the *daimon* he knew and to which she too can bear witness; she can revel in the majesty of Dante, the sweetness of Virgil, the simplicity of Homer, the strength of Milton. She can listen to the pulsing heart-throbs of passionate Sappho's encaged soul, as she beats her bruised wings against her prison bars and struggles to flutter out into Heaven's ether, and the fires of her own soul cry back as she listens: 'Yes; Sappho, I know it all; I know it all.' Here, at last, can be communion without suspicion; friendship without misunderstanding; love without jealousy."

This sounds very pretty, yet we can-

not comprehend what it all means. It is our opinion, however, that it is one of the new methods for the treatment of cholera!

To Live Long Weigh Little.

Dr. Yorke-Davis tells us in the *Popular Science Monthly* that the length of a man's days depends largely upon the way he lives. Good food, fresh air, and plenty of exercise in early life are the three great factors which conduce to a green old age. He declares that corpulency is one of the most fatal barriers to long life. For those who have a tendency to greatly increase in weight he advises the following treatment:

"For a month or two the daily intake of food and its constituents must be carefully adjusted. No purgative or other medicine is necessary for the purpose; indeed, violent purgative medicines are absolutely injurious, as they simply wash the food through, without giving it time to nourish the system, and debility, palpitation of the heart and loss of condition result. Of course, a little mild aperient, in the shape of some natural mineral water, such as the Franz Josef, is always harmless. Electrical appliances and electric baths are quite useless as fat-reducing agents. Quack remedies of all descriptions should be avoided like poison; if they reduce weight they do it at the expense of health. Of this I have seen repeated examples, and this induces me more particularly to make these observations." We suggest to the Walker Pharmacal Co. that they send Dr. Yorke-Davis a supply of their Phytoline.

The Clear Language of Science.

We have always had the deepest sympathy for that writer or speaker who does not find it possible to express his ideas by the employment of such words as are in ordinary use. Our profound respect for science has never yet reached that exalted position which has enabled us to believe that the whole human race becomes greatly moved when the discovery is announced that a cell is placed longitudinally rather than transversely to the long diameter of the earthworm! This thought is made more clear by the following extract taken from a recent number of *Science*: Prof. W. N. Parker, of Wales, in speaking of the anatomy and physiology of the protoplerus annectens says that his "researches convince him, that although many points of resemblance exist between protoplerus and certain elasmobranchs and ganoids on the one hand, and on the other to some of the lower amphibians, it exhibits numerous distinctive characters of its own, both primitive and specialized, and so, together with lepidosiren and ceratodus, must be placed at a great distance from either class." This is all well enough for the specialist, but how many of the readers of *Science* understand it?

Special Offer.

Within a few days some of our readers may receive copies of a journal called *Food*. This is not in any sense a trade journal, as its name might indicate. Its publishers are not connected in any way with any product prescribed by the medical profession, or used as a medicine by the public. It is a business venture on their part, pure and simple. It is a medical journal, devoted largely to the subjects of Nutrition and Hygiene. The subscription price is two dollars a year, and the circulation has already reached nearly 10,000 copies a month.

We make the following special offer:

Upon the receipt of two dollars we will send the journal *Food*, of 48 pages, one year and will give credit for two years' subscription to this journal. Thus one journal is procured free. We can supply all back numbers of the NATIONAL MEDICAL REVIEW; therefore the subscription

may begin with our first number or with this present one.

Have Taken a Move. We have been in the midst of crowds which suddenly suffered a general break-up from the words of the man with the blue cloth and brass buttons, who, in senatorial tones, would cry out, "Move on, gentlemen! move on!" Business would be obstructed by the crowded condition of things. We do not use this illustration to infer that some policeman commanded our friends, Messrs. Hummel & Parmele, to move out and move on; nevertheless, because their old quarters had become so crowded that business was obstructed they have moved into larger and more convenient offices. They can now be found at 257 South Fourth Street, Philadelphia, where they are ready to promptly transact business.

Our Seventy-fifth Anniversary. We are pleased to note that many of our exchanges have called attention to the fact that the Medical Society of this city proposes to celebrate its seventy-fifth birthday in a style befitting the occasion and the city in which it will occur. As one of our exchanges puts it, "It is to be the grandest affair which the profession of the city of Washington has ever witnessed."

Master Your English. It need not take you half an hour to tell us you know nothing about the subject, doctor.; neither is there any excuse for your taking up so much time by the surplus use of adjectives. Cut short your discussions. Give us the active principle. The days of infusions are past.

The Best Way to Get Here. To those of our readers who intend to visit our city during the Pan-American Medical Congress next month, we would say come by the way of the Baltimore & Ohio R. R. It is a familiar route to us, and the journey is shortened by the picturesque scenery and by the historic associations connected with much of the route.

Experiments with Terraline. During our summer vacation we employed a portion of our time in making a number of experiments on cats, to ascertain whether terraline was digested and absorbed as other fats are. Our results were highly satisfactory and will be reported in a paper to be given to the profession at an early date.

Panopepton. This is a new preparation from the house of Fairchild Bros. & Foster. It is a true, ready-made peptonised food. It is a combination of bread and beef peptone. The value of beef as a nutrient goes without saying, while we all know that "bread is the staff of life." In panopepton we have these two substances thoroughly cooked, properly digested, sterilised and concentrated. This is the time of year when the digestive process is quite likely to be disturbed. To those who are suffering in this way as well as to those who are convalescing from any acute attack we would say here is an agreeable and quickly assimilable food.

"Senator Starlight Seriously Sick." We are not quite positive that the U. S. Senate contains an individual bearing the above name, yet we will imagine such to be the case in order that we may call the attention of the profession to the fact that it rarely sees a notice like the above standing alone. It is generally followed by some such announcement as the following: "He is attended by Dr. ———, who hopes he will soon be out again." Of course, it is very painful to the physician to thus see his name dragged before the public!

THE PROGRESS OF MEDICINE.

Defective Eyes Among Pupils.

At the meeting of the Medical Society of this city for May 17, Dr. E. Oliver Belt read the paper of the evening, entitled "Defective Eyes Among Pupils of the Public Schools of Washington City." Dr. Belt made a number of examinations of the eyes of the pupils in our public schools and has devoted a great deal of time to the subject.

Remarks by Dr. Burnett.—Dr. Burnett said that the paper was in accordance with his own observations, that absolutely perfect eyes are exceedingly rare. Risley of Philadelphia always used mydriatics in his examinations, which would account for the differences in his conclusions. As a rule statistics are of little value, as there are so many errors of observations. The question to decide is whether there is a perfect emmetropic eye. The standard eye is one which unites parallel rays to a focus on the retina. The great question is why our school-children are become myopic? Various circumstances might account for it, and volumes might be written about it. One thing is settled, and that is, that the more civilized we are the more myopic we become.

Remarks by Dr. S. B. Muncaster.—Dr. Muncaster said that the reason of defects of eyes in Germany might be due to the bad light and the character of the text of the schoolbooks.

Remarks by Dr. Woodward.—Dr. Woodward suggested that the small proportion of myopic eyes among the lower grades might be compared to that among the negroes, because they were of the lower civilization. The comparison should be made with children who have not gone to school.

Remarks by Dr. Belt.—Dr. Belt said that civilization may affect the eyes from one generation as compared to another. In Germany the defects are due to the civilization rather than to the light and to hygiene.

Remarks on Hypnotism.

By invitation of the Medical Society, Dr. Herman Canfield of Bristol, R. I. read a paper before that body on the evening of May 24. The subject presented was a Brief Study of Hypnotism..

Remarks by Dr. Prentiss.—Dr. Prentiss said he did not propose to discuss the paper; he merely wished to break the ice, and let others discuss it. It was the best exposition he had ever heard of the subject, and its value was enhanced by the practical cases cited. He believed that such cases as Dr. Canfield had treated would always be benefited if submitted to an expert.

Remarks by Dr. Ward.—Dr. Ward thought more attention should be given the subject. He hoped Dr. Canfield would have the paper printed as he wished to read it more leisurely and preserve it in his library.

Remarks by Dr. Reyburn.—Dr. Reyburn said he had seen some exhibitions of hypnotism while in Europe. He wished to ask Dr. Canfield if this influence over a subject was not a dangerous power to put into the hands of an operator. The patient was entirely under the control of another, with no will, no thoughts, no emotion, unless given by another. Is not that a dangerous power to give a man? It may be all right in the hands of specialists, but it is too dangerous to be used by the general practitioner. In one of the European hospitals he had seen the operator enter a ward filled with patients who had been hypnotized and by a single motion of the hand cause all the patients to fall down in a fixed position. Persons who have been frequently hypnotized lose all power of control. He would like to inquire if Dr. Canfield did not consider this, first, a dangerous power to give one person over another, and, second, if it was not detrimental to the subject. He agreed that it was a great thing and should be studied by specialists, but it was also too dangerous a thing to be used indiscriminately.

Remarks by Dr. Canfield.—Dr. Canfield said it was a very dangerous power. Its dangers were so great that he believed it would be but a short time before laws would be enacted requiring hypnotizers to have special licenses.

This has been done in Belgium, and England and France are agitating the question. He wished to correct an erroneous impression which is very generally held regarding the *amount* of influence exercised over a hypnotized subject. Patients do not lose *entire* control over themselves. According to Charcot only one in twenty thousand is absolutely under the control of the operator. If anything repugnant to the moral nature of the patient were suggested, or if it were sought to make him sign an objectionable paper, the influence of the operator would cease and the patient would refuse to obey. The patient is under the control of the operator only so far as he consents to be, but if he has entire confidence in the operator he will obey readily anything suggested. In answer to Dr. Reyburn's second question he said that he did not believe the patient's mind was permanently injured, although it *might* be permanently injured by being kept under the hypnotic influence too long. He believed that hypnotism under the name of "faith cure," "mind cure," etc., *was* very injurious.

Remarks by Dr. Sohon.—Dr. Sohon thought the paper a very clear and good presentation of the subject; a subject which, as he had said before, was too much neglected. The Indian war of two years ago was the result of hypnotic influence, as the "ghost dance" with which it began was merely a manifestation of the hypnotic state. He could not understand the fear and abhorrence which some men entertained in regard to hypnotism. There was nothing mysterious or supernatural about it, as anyone could see if he would study it. He was very much gratified that Dr. Canfield had left out the subject of personal control of the patient. There is nothing mysterious about the induction of sleep by dwelling upon the idea of sleep. Any idea you may mention, if properly used, will induce sleep, even the idea of a thunderstorm. All that is done is to present surroundings and suggestions conducive to sleep. There are various ways of arriving at the same end: the sleep may be induced by the patient himself or by the operator. There have been instances, he said, where the mental power of the patient had been weakened, but such results were the fault of the operator and not the fault of the hypnotism. The case of the lady who had learned German so easily after treatment by Dr. Canfield shows that the mind may be stimulated by the hypnotic influence. He had had a similar case; he had made a person who did not like music to learn to play the piano and become very fond of music of all kinds. It also fills a place in therapeutics which no other remedy can fill. He believed it could be of service also in surgery, and he had used it twice in laryngeal operations. They were patients of a nervous temperament, and even after using cocaine he was unable to obtain a good view of the larynx until he used hypnotism, when all fear, trembling, spasm of the larynx, etc., ceased.

Remarks by Dr. Stowell.—Dr. Stowell said he was not in accord with Dr. Canfield on the subject. He believed it developed an effeminate type of character. He thought that the dulling of a pain or sorrow, as cited in one of Dr. Canfield's cases, should be a source of real regret, and that trials in the furnace of affliction are of distinct service to mankind by developing its finer feelings. Nevertheless, while differing so absolutely from the essayist he moved that the Society tender Dr. Canfield its vote of thanks. Carried.

Remarks by Dr. Canfield.—Dr. Canfield replied that the weight of opinion showed that the mind was strengthened instead of weakened. He thought that stoicism to pain and sorrow was very pretty in sentiment, but that it was not practical in operation. When a patient has suffered from neuralgia for two years without cessation night and day he thinks it time that something should be done for its relief. An important point to remember is that hypnotism does not weaken the mind or character of a patient. It is simply a process whereby sleep is produced and the patient's mind is laid aside for a moment. When the medical profession once gets rid of all this nonsense in regard to hypnotism, he said, we will be able to meet the faith curers, Christian scientists and the like and show them the harm they are doing.

Location of Contagious Hospital. At the meeting of the Medical Society of this city for May 24, Dr. S. C. Busey made the following remarks on the location of the hospital for contagious diseases:

Dr. Busey said he would have to withhold his approval from this report. He objected particularly to that section which approved of the proposed site on the Eastern Branch. He thought the Society should not engage in real estate affairs by indorsing any particular locality. He thought it possible, and even probable, that that was the best location for the hospital, but the Society had not been asked to indorse any particular location, and he did not think it should commit itself. The conclusions of the other sections of the report were that the hospital must go out into the country, away from the center of population and at a distance from dwelling houses. If this were insisted upon it would have to go outside of the District altogether, for there is no unoccupied land within the District boundaries that conforms to those requirements. There were men present who would live to see the District densely populated. Many years ago a smallpox hospital was located in the center of the city, and no serious complaints were ever made of it. In the children's hospitals of Europe contagious wards are always maintained in the same building, and there is no history of any epidemics in those localities. Then, to construct a hospital as recommended by the committee would entail the purchase of a large quantity of land and the expenditure of a large sum of money, not only for the first cost but for subsequent maintenance, for constant readiness of all the paraphernalia of a hospital would be necessary even when there were no patients. He did not think the community would consent to the expense incident to the proposed plan. Again, location of the hospital in the country required a long land transportation in an ambulance, which he characterized as against reason and against humanity. He did not believe that the erection of a hospital for contagious diseases within the city limits was a menace to the community. Cases of scarlet fever, diphtheria, measles and whooping cough are taken to the Children's Hospital and no harm has resulted. If he permitted himself to indorse any location he would prefer one in the neighborhood of some permanent hospital, and in connection with it, so that the expense of maintaining the fully equipped hospital during the periods of freedom from contagious diseases might be lessened. He thought, under these circumstances, a site near the Garfield Hospital would be the most suitable. As to the site proposed on the banks of the Eastern Branch he said that many years ago he knew it to be very malarious. He did not know what its condition was now, but he thought that if it was no better than when he knew it, it was a very inappropriate place for a hospital.

How We Judge Distance. At the meeting of the Medical Society for May 31, Dr. C. H. Stowell read the paper entitled "How We Judge Distance." The central idea of the paper was that as the lens of the eye had to change in shape for near and distant objects and as this change was brought about by the action of the ciliary muscle, so the degree of contraction of that muscle would give us an idea of the distances of near objects from us. We were enabled to interpret this degree of contraction by our "muscular sense." It is the use of this sense that enables us to judge of the weight of bodies. The paper will appear in full in the September number of *Food*.

Remarks by Dr. Burnett.—Dr. Burnett said that he had been teaching this very thing for some time. The sense of sight is one of education and the muscular sense is not alone confined to the ciliary muscle, but to twelve muscles. He illustrated this statement by citing cases of paresis of the external muscles of the eye. Another factor in judging distance is that of parallax.

Remarks by Dr. Belt. — Dr. Belt thought that judging of distances was a matter of education and principle; and that we also judge the distance of objects by their size. Inside of twenty feet the ciliary muscles might do, but

further off greater education than mere muscular sense was necessary.

Remarks by Dr. Brown.—Dr. Brown thought we judge distance largely by comparison and he gave the optical delusion of the panorama as an illustration.

Remarks by Dr. Richey.—Dr. Richey said that distance was judged by the sense which was the result of education, although within twenty feet the ciliary muscle is the principal factor.

Remarks by Dr. Lovejoy.—Dr. Lovejoy gave a number of illustrations to support the theory that we judge distance by education and comparison with familiar objects.

Remarks by Dr. Kleinschmidt. — Dr. Kleinschmidt said that, while the ciliary muscle was one of accommodation for near objects, it had but little to do with distant ones. At great distances we know that the ciliary muscle does not act, while many others do. This judging of distance is one of experience and is not congenital.

Headaches and Disturbances of Eyes.

At the meeting of the Medical Society for May 31, Dr. Swan M. Burnett read a paper entitled "Headache and Nervous Troubles Due to Disturbances of the Equilibrium of the External Muscles of the Eyes and Their Treatment." Dr. Burnett reported a number of cases where serious headaches and various nervous troubles had been entirely relieved by performing a graduated tenotomy.

Remarks by Dr. Bermann.—Dr. Bermann said he had never seen a case that needed the operation and had seen many that had not been benefited by it. He did not believe that all who were operated upon needed it. The conditions for which the operation is performed are rarer in Germany than in this country. He strongly believed in the heredity of anomalies of vision.

Remarks by Dr. Richey.—Dr. Richey said that this was a deep and vexed question. Graduated tenotomy and its uses has strong advocates and as strong opponents. The object of the persons in having the operation performed is to avoid wearing glasses. Such conditions are due to anomalies of refraction which can be corrected by proper lenses. His experience and practice were opposed to Dr. Burnett's, and he believed the operation was performed too frequently.

Remarks by Dr. Belt.—Dr. Belt said graduated tenotomy should receive serious attention. Some cases do require the operation, but Stevens had unquestionably gone too far. Many cases might have been relieved by correcting the error of refraction.

Remarks by Dr. Kerr.—Dr. Kerr bore testimony to the value of the operation, as Stevens had performed it upon him, and it had entirely relieved him. While under Stevens's care, he saw numerous cases that had been permanently benefited.

Remarks by Dr. Burnett.—Dr. Burnett, in closing the discussion, said he did not believe the operation was always necessary, and he himself only operates in about one per cent of cases. After exhausting every other means he operates. The operation is gaining ground daily, and should not be condemned because it does not always afford permanent relief.

Management of Infants During Summer.

The following rules were reported to the Medical Society by a committee appointed for the purpose, consisting of Drs. T. E. McArdle, J. D. Morgan and S. S. Adams:

RULE 1. Every child should be bathed at least once a day. If it is delicate or exhausted, let it be thoroughly sponged morning and night. Lukewarm water should be used for bathing or sponging the child. The addition of alcohol or bay rum will often prove of great benefit.

RULE 2. Let the child be clothed as coolly as possible. Let it wear a woolen belly-band, but let the rest of its apparel be light and loose and hung from the shoulders. Clothing must be changed according to the changes in the weather. Children are most liable to get sick as the hot wave is breaking. Diapers must be changed and washed after every soiling.

RULE 3. The child should sleep alone in a cot or cradle. It should be early taught to go to sleep in bed and not in its mother's arms. Let it be put to bed

at regular hours day and night. Let no one give a child "*sleeping drops*" without the advice of a doctor. If a child frets it is hungry or sick or uncomfortable. If it is sick let a doctor be sent for.

RULE 4. Let the child be in the fresh air as much as possible. Let it be taken on frequent excursions down the river and into the country. Let it live in the parks in the morning and evening. *Let it be kept out of the kitchen.* Let it drink freely of cool water, but not iced water. Let all drinking water be boiled.

RULE 5. Let every house be kept clean, cool and well aired. Let the windows be open day and night, but let the sunlight be excluded during the hottest part of the day. Let whitewash be freely used about the house and yard and let all sinks and privies be kept clean. Let all slops be quickly removed.

RULE 6. Mother's milk is the best food for infants. If the supply is ample and the child thrives on it no other kind of food should be given while the hot weather lasts. Let the child be nursed every two or three hours during the day and as seldom as possible during the night. Let the child be removed from the breast as soon as it has fallen asleep. The mother should not nurse the child when she is fatigued or overheated.

RULE 7. Goats' milk is the best substitute for mothers' milk, but cows' milk is more easily obtained. To a bottle-fed infant give nothing but warm milk out of a clean bottle with a clean nipple. A yeast powder bottle will serve every purpose. Each bottleful of milk should be sweetened by half a teaspoonful of sugar. The milk should be diluted according to the age of the child. Have the milk delivered twice daily and let it be kept in the coolest part of the house. All utensils for milk should be scalded with boiling water and washing soda before and after using.

RULE 8. Never give cold milk to a child younger than one year. At least one teaspoonful of limewater should be added to each bottleful of milk. In many cases it may be well to dilute the milk with oatmeal water or barley water in quantities varying with the age and condition of the child. Before doing so, however, a doctor should be consulted.

RULE 9. Barley water is made by adding a tablespoonful of pearl barley, well washed, to one quart of clean water. This is boiled down to a pint and strained through cheesecloth, which has been previously boiled and dried. Let a little salt be added to the barley water before giving to the child. Oatmeal water is made by adding a teaspoonful of oatmeal to a quart of clean water. This is boiled down to a pint, strained through cheesecloth and seasoned with a little salt. These waters should be kept on ice and be freshly made twice daily.

RULE 10. Never let a child be weaned in hot weather without the advice of a doctor.

How to Pronounce Massage. In a lecture by Dr. Benjamin Lee, published in the Philadelphia *Polyclinic* for July, the pronunciation of the word "massage" is thus given: "The last syllable is pronounced like the first syllable of the word 'azure,' the 'a' being long as in 'ah.' The accent should be on the last syllable. It is therefore not 'massidge' nor 'massaidge' nor 'massodge' but 'massazhe.' It is, however, not proper, even if you pronounce the word correctly, to speak of 'massaging' a patient. The verb is 'masser,' pronounced 'massay.' The patient is said to be 'masséd,' pronounced 'massayed.' The operator is a 'masseur' if a man, and a 'masseuse' if a woman. The word 'masser' means to 'knead,' as a baker works and squeezes his dough." The Century Dictionary gives the pronunciation as follows: Ma-säzh'.

Treatment of Sprained Ankle. In giving the treatment of sprains by massage as reported in the journal just mentioned, Dr. Lee says that in treating a sprained ankle, for instance, begin above the knee, and, encircling as much of the thigh as possible, with the full hands, stroke upward to the pelvis. Then start at the middle of the thigh and knead the muscles, working slowly upward to the pelvis. Next subject the lower half of the thigh to the same process, still working from below

up. This is again followed by upward stroking, considerably firmer pressure being made than at the first time. The result of this will be that the muscular capillaries and the absorbents of this large amount of highly vascular tissue will have been stimulated to increased activity, and its capacity for receiving blood augmented.

The point is then found nearest to the seat of injury at which pressure can be borne without serious pain. Stroking is started from this point and carried up to the knee. The upper third of the leg, including the body of the gastrocnemius is then kneaded and the stroking repeated somewhat more vigorously. A flannel or pure rubber bandage should then be very carefully applied and the patient instructed to keep the foot elevated. If the sensitiveness has been so much diminished that the patient will bear gentle friction, with the thumb or the fingers about the periphery of the inflamed area, this may be practiced with one hand while the other performs upward stroking from the same locality. Two séances a day may be given, of fifteen minutes each. About the third or fourth day movements of the foot may be begun. At first, entirely passive, later on acto-passive, the patient making the motion while the operator resists. The movements will consist of flexion, extension and rotation. These will, of course, produce pain at first, but the patient must be encouraged to endure this as much as possible by holding out the hope of speedier recovery. It is not much to say that the mode of treatment diminishes the time required as compared with that of fixation, in the ratio of days to weeks, and that the ankyloses and contractions so often following the latter are almost entirely avoided.

Treatment of Diphtheria.

Dr. M. Graham Bell reports to the Philadelphia County Medical Society the treatment of forty cases of diphtheria by the use of tartaric acid and corrosive sublimate, without a single death. The nurse is instructed to apply to the throat every three hours, by means of a cotton swab, a solution of mercuric chloride 3.85, tartaric acid 19.25, in a gill of water. The results are as immediate as they are remarkable. The temperature falls, the pulse becomes normal and the aspect of the child undergoes a remarkable change. The membrane all comes away in about forty-eight hours, and the children are practically well in two days. As the patients begin to convalesce the applications are reduced in frequency. The whole report is in the Philadelphia *Polyclinic* for July.

National Department of Health.

The 36th Annual Session of the Missouri State Medical Society was held the latter part of May. The President, Dr. A. B. Miller, in his address, discussed the establishment of a National Department of Health. He said when we consider to what proportions this country has grown, when we remember the magnitude and ever increasing size of its numerous cities, and the consequent crowding of population with all its attendant dangers, when we reflect upon the fact that, as a nation, we are daily being brought into closer commercial relations with every country upon the earth, when we think of the 350,000 little graves that are annually filled by children under five years old, when we associate this with the thought that from tuberculosis alone 100,000 annually go to join the "silent majority," when great cities are yearly being terrorized by the imminent peril of some contagious disease, which has been sown broadcast within its limits, we are impressed with the truth of almost the last words of the immortal S. D. Gross, who said: "Young Men of America! listen to the voice of one who has grown old in his profession, and will probably never address you again, as he utters a parting word of advice. The great question of the day is not this operation or that, ovariotomy or lithotomy or hip-joint amputation, which have reflected so much glory upon American medicine, but preventive medicine, the hygiene of our persons, our dwellings, our streets; in a word, our surroundings, whatever and wherever they may be, whether in the city, town, hamlet or country; and the establishment of efficient town, State and National boards of health through whose agency we shall be more able to prevent

the origin and fatal effects of what is known as zymotic diseases, which carry so much woe and sorrow into our families, and often sweep, like hurricanes, over the earth, destroying millions of human lives in an incredibly short time."

Think of more than sixty-five millions of people exposed to the dangers of contagious and infectious diseases, and no adequate provision for their protection. Think of Congress appropriating $1,500,000 for the protection of the health of her domestic animals and the furtherance of her agricultural interest, and refusing to allow the insignificant sum of $25,000 for the expenses of a National Board of Health for the protection of its more than sixty-five millions of human lives. "What fools these mortals be!" Or perhaps the more modern, but less chaste expression of James Russell Lowell, best meets the case:

"The right to be a cursed fool
Belongs to every creature, human,
'Tis common, as a general rule,
To every sinner born of woman."

Do Not Coax Your Patients. Prof. Etheridge urges upon his hearers the important point that they should never coax their patients into operations—never. You are not justified in doing that. Let them decide for themselves. You should tell them to think and talk it over with their husbands, sisters, fathers or mothers, and then decide. Then they will say: "Will you guarantee a successful result?" "We guarantee nothing; doctors never do that," is the reply. After thinking it over and having obtained the information which you give them, they will generally submit to an operation. A continuation of these remarks can be found in the *International Journal of Surgery*.

Treatment of Uterine Troubles We extract the following from an editorial in the *Medical Mirror:* More and more, as time passes and the smoke of discussion gives way to solid conviction, is the profession impressed with the thought that there are many of the diseases of women and girls, which, under no circumstances, require or should receive manipulative or mechanical treatment. Indeed, conscientious physicians, recognizing the neurotic factor, and granting to the uterus and its appendages the privilege of being locally disturbed by constitutional conditions, are ready to receive gratefully and enthusiastically such a remedy as Ponca Compound. It serves as a general stimulator of secretions, and as a thorough tonic. The indorsement of such men as Dr. A. M. Owen of Evansville, Ind.; Dr. Thos. Hunt Stucky of Louisville; Dr. Arch Dixon, President of the Kentucky State Medical Society; Dr. Wm. F. Kier of St. Louis, and hundreds of others scattered over the country, is convincing proof of the value of Ponca Compound.

Physiological Effects of Chloralamid. From a very interesting report of extended trials with chloralamid by Piccinimo, reported in *Annal. di Neurolog.*, which included its use in a great variety of diseases in both human patients and animals, we extract the following conclusions:

1. Choralamid in doses of 0.01 to 0.03 grm. reduces the neuromuscular irritability in frogs.

2. In guinea pigs and rabbits, proportionately to the size of dosage, it less often reduces the frequency of the respiratory movements, which, however, always continue deep and rhythmical. The temperature is reduced up to 2°C., the reflex manifestations remain unchanged, and no irritating effect is ever produced on the digestive apparatus.

3. In dogs small doses produce only a frequent tendency to urinate, and large doses effect a reduction of the electromuscular excitation, as also of the cortex of the brain, the subcortical layers and inner frame. This reduced excitation returns, and through small doses of strychnia sulphate is greatly intensified.

4. In animals sleep is produced within 15 to 20 minutes after injection of the remedy hypodermatically per os into the stomach.

5. In human patients 2 grm. doses taken in daytime by individuals who had a good rest during the previous night no sleep is caused, but neither are side-effects produced. In 2.5 grm. doses sleep of short duration may be caused, during which the pulse-rate and respiratory movements are slightly reduced.

In 3 grm. doses sleep always ensues, with slower respiration and slower and marked pulsation, which are at once restored to normal on re-awakening. No disturbance of digestion or the peripheral irritability of the reflexes were observed.

Lysol as a Disinfectant. Dr. C. M. Stewart writes to the *Dental Register* that lysol more nearly answers the definition of a disinfectant than any agent experimented with, as it is a prompt and effectual deodorizer, a good detergent and a prompt germicide; combining in one drug the qualities so essential for a dental disinfectant.

When used on very sensitive surfaces, the weaker solutions should be used first, as irritation results from the immediate application of a five per cent or six per cent solution to such surfaces.

In addition to its prompt, beneficial action, lysol is not disagreeable to most patients, and seemingly uninjurious to the teeth.

To Produce Sleep. In a late lecture before the class at the Rush Medical College, Prof. Joseph P. Ross said he had never yet been disappointed in securing the results required from the administration of bromidia.

In cases when there is insomnia without pain, in the delirious stages of acute fevers, in delirium tremens, puerperal mania, in short, in all those cases requiring soporifics, he finds bromidia invaluable.

Active Principles of Cod Liver Oil. The most important active principles of cod liver oil are the alkaloids. The most abundant and most active of these principles are amylamine, oxycollidine, morrhuine and nicomorrhuine.

These alkaloids have all a somewhat similar action on the economy; in small doses they excite the activity of the nervous system and the intra-oxidization processes, they assist the digestive functions, stimulate assimilation and circulation, and purify the system of its impurities as is indicated by the enormous quantities of urine excreted under their influence, the acceleration of the sudoral secretions and the increased appetite provoked.

Cod liver oil has always been known to produce these phenomena, but the experiments of MM. Gautier and Mourgues, Laborde, Boillot, etc., on animals and on man, have established without doubt that these effects are especially due to the presence of the alkaloids of this oil. The value of this popular drug as a medicament therefore is fully confirmed and scientifically explained. These alkaloids have been extracted, in a perfectly pure state, and are now offered to the profession.

Morrhuol is an alcoholic extract of cod liver oil, which contains all these alkaloids and other useful principles essential to the complete therapeutical effects of the oil.

Aristol in the Treatment of Wound. We have an interesting paper before us on aristol in the antiseptic treatment of wounds, being the report from the house physician of the city hospital of Trieste. The whole subject is thoroughly discussed and a number of interesting cases reported. The conclusion arrived at as a result of all these observations, is that aristol in the form of powder or gauze is decidedly less serviceable in the antiseptic occlusive dressing than iodoform, but that in the treatment of burns the aristol is well able to replace iodoform, and possesses the advantage of not causing any symptoms of intoxication. Moreover, in the therapeutics of psoriasis it can be placed on the same level with chyrasarbin as a new specific.

"I have used Cactina Pillets and find them very valuable in common heart troubles when weakness and irregular action is manifested. I shall use them in the future."—ALBERT DAY, M. D., Superintendent and Physician of Washingtonian Home, Boston, Mass.

"I have found Peacock's Bromides exceedingly efficacious in headache and cerebral congestion, more so by far than the ordinary bromides."—JAMES MACMUNN, L. R. C. P., L. R. C. S., Resident Medical Officer, Great Northern Hospital, London, 39 Cecile Park, Crouch End, London, England.

Book Reviews.

A Text-Book of Medicine, for Students and Practitioners. By Dr. Adolf Strümpell. Professor and Director of the Medical Clinique at Erlangen. Translated and thoroughly revised by Dr. Herman F. Vickery, Instructor in Medicine, Harvard University, and Dr. Philip C. Knapp, Instructor in Diseases of the Nervous System, Harvard University; with Editorial notes by Frederick C. Shattuck, Professor of Clinical Medicine, Harvard University. One hundred and nineteen illustrations; over one thousand pages. D. Appleton & Co., 1893. Price $6.00. For sale in this city by Ballantyne & Sons, 428 Seventh Street.

We are informed that this work is used as a text-book and as a work of reference in some twenty-eight medical schools in this country. This alone is a good token of the approval of the work. The present volume is revised from the sixth German edition, thus bringing it thoroughly up to date. The subject of the Acute General Infectious Diseases is discussed first, then follow Diseases of the Respiratory Organs, the Circulatory Organs, the Digestive Organs, the Nervous System, etc. It is quite unnecessary for us to make any extended review of this work, as it is already known to represent largely the personal experience of one of the closest observers, surrounded with an abundance of all kinds of material.

Cholera: *Its Causes, Symptoms, Pathology and Treatment.* By Roberts Bartholow, M. D., LL. D., Emeritus Professor of Materia Medica, General Therapeutics and Hygiene in the Jefferson Medical College of Philadelphia. In one 12mo volume of 127 pages, with 9 engravings. Cloth, $1.25. Philadelphia, Lea Brothers & Co., 1893.

We are delighted in the first place to see by the work before us that Dr. Bartholow is again able to take up his pen and give us the results of his ripe experience. We have here a practical book, in small compass, containing the very latest ideas concerning the treatment of cholera together with the personal experience of the author who has passed through two epidemics of this disease. Historical accounts and long discussions on disputed etiological points are omitted and only that which is of most use to the general practitioner is included. Dr. Bartholow says he thinks that some progress has been made in the treatment of cholera although the number of deaths in some localities about equals that in former epidemics. The tendency of modern treatment is toward the use of germicides, of antiseptic remedies and by the use of expedients of the surgical kind. Although it is to be hoped that the profession will not be called upon to take advantage of any of the teachings included in this work yet it should be widely read because of the valuable information it contains.

Colles' Fracture. By E. H. Woolsey, M. D., Oakland, Cal.

This is a reprint from the transactions of the Medical Society of the State of California. It contains over forty pages of text together with some twelve full-page illustrations, photographs of cases occurring in the author's practice, together with illustrations of a new mechanical splint for the treatment of other fractures of the upper extremity.

Acometric Syllabus. Biologic Therapeutics.

We are in receipt of these two brochures from Parke, Davis and Co.

The first-named work embraces 42 closely printed pages giving diseases, and indications in each, which may be met by the use of Diurnules and Diurnal Tablet Triturates. It will be of much interest to practitioners requiring a system of medication involving the most certain remedies in the minutest form.

Under the head of "Biologic Therapeutics," are furnished reprints of the lecture of Hector W. G. Mackenzie, M. A., M. D. (England), on "The Treatment of Myxœdema and other Diseases by the use of certain Organic Extracts," also an illustrated paper by Edward Carmichael, M. D., Edinburgh, on "Cretinism treated by the Hypodermic Injection of Thyroid Extract and by Feeding," besides excerpts from prominent medical journals upon the use of the Thyroid gland in therapeutics.

Either or both of these pamphlets will be mailed free to any physician applying to the firm for them.

Recent Discoveries in the Nervous System.

We have before us a reprint of articles contributed by Dr. Frank Baker of this city, to the *New York Medical Journal.* It is over forty pages in length and is illustrated by twenty-eight original drawings by the author. The articles discuss recent discoveries in the nervous system; and it is a most comprehensible and condensed report of said discoveries. The complete paper shows the widest reading and the closest study on the part of the author, while it brings before the reader a great deal that would otherwise escape his attention. It would

seem that we are entering upon an entirely new era in investigations of the nervous system. We commend this work to the attention of all those interested in this important subject.

THE POPULAR SCIENCE MONTHLY.

The August number of this popular monthly is filled with interesting matter to the profession. Among the articles of special interest to the physician are, Studies of Animal Speech, Learn and Search, by Prof. Virchow; How Plants and Animals Grow, and The Material View of Life. Although this journal does not pretend to give the methods of diagnosis and treatment of disease, yet it always contains matter closely allied to the practical side of our profession. We are acquainted with no secular journal which contains such interesting collateral reading for physicians.

THE CENTURY DICTIONARY.

We desire again to call attention to this magnificent work and to state that it must be regarded as the latest and best authority on the pronunciation and definition of words. We have had frequent occasion to refer to it and have found it more than satisfactory.

THE CIRCULATION OF THE BLOOD.

We are in receipt of an elegant engraving of "Dr. Harvey demonstrating to Charles I. his Theory of the Circulation of the Blood," after the celebrated painting by Robert Hannah. It will make an attractive piece for the walls of our office, while the subject is of such interest that we cannot gaze upon it without starting a most interesting train of thought. The engraving can be procured from J. H. Kinney, 294 Deane Street, Brooklyn, N. Y. Price $1.50. A postal directed to him will bring all desired information.

OPERATION BLANKS.

W. B. Saunders & Co., 925 Walnut Street, Philadelphia, have issued pads of "Operation Blanks," as prepared by W. W. Keen, M. D., Professor of Surgery in the Jefferson Medical College. On one side of the sheet are directions for preparing the patient, dressings required, medicines, etc.; on the opposite side are directions for preparing the room, etc. Blanks for fifty operations are in one tablet. Price 50 cents.

Letters to a Young Physician. No. 18.

MY DEAR DOCTOR:—I have not received a letter from you once during the past month; and I am afraid you did not like it when I told you that you had better go rather slow in adopting some specialty. I notice you have your sign out already, saying your practice is limited to certain diseases. And yet I know of a number of instances where you have not lived up to this statement. I would take down that sign, Doctor, until such time as you can faithfully live up to what it says. When I called upon you a few days ago I was told you had been called out of town. I have wondered since whether you had any luck that day with your rod and line; how was it? I have some good news for you. This is the last letter I will write you. I have accepted the editorship of a New York journal called *Food*, and so much of my extra time will be occupied in this new field that I have thought best to cut off some of my correspondence. Then, too, you are married now, and, somehow, I do not think our friends take advice as kindly after they take this step as they do before. Therefore, I think I stop at just the right time. The NATIONAL MEDICAL REVIEW, however, is going ahead as of old. You can remember, if you will, that no matter what you may think of its "Contents," this is the first medical journal ever published in the District of Columbia that has netted a handsome balance to its publishers the very first year of its existence. If I have any parting words to give you they are these: Keep Posted. I would not like to meet you in two or three years and find you are rusty on the very latest discoveries in medicine. Keep posted, too, on the collateral sciences, so that you may do your part toward broadening the influence of our noble profession. With an affectionate farewell, I remain,

Very sincerely yours,
THE REVIEW.

THE
NATIONAL MEDICAL REVIEW.

VOL. II. WASHINGTON, SEPTEMBER, 1893. No. 7.

CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

The Pan-American Congress.

In a recent interview with Dr. Adams, Chairman of the Committee of Arrangements for the Pan-American Congress, we were informed that arrangements have all been completed for the entertainment of this body. The social entertainments will be marked features of the meeting. On Tuesday evening, the 5th, there will be a reception at the Arlington. All members of the Congress will be entitled to participate in this social gathering. On Wednesday afternoon a reception will be tendered by the President of the United States. On the evening of that day the President of the Congress will give his address at Metzerott's Hall. This will be followed by a promenade concert. On Thursday evening there will be an excursion down the river. The boat "Columbia," of Baltimore, with a capacity of four thousand, has been engaged for this occasion. A collation will be served on the boat by Rouscher.

That the music will also be a marked feature of these entertainments is evident by the following letter to Dr. Adams from Hon. B. A. Herbert, Secretary of the Navy:

"Referring to your verbal request, I have to inform you that the Commandant of the Marine Corps has been instructed to place the Marine Band at your disposal, as Chairman of the Committee of Arrangements, Pan-American Medical Congress, during the evenings of September 5th, 6th and 7th next."

We know our guests will be delighted with having the opportunity of listening to the superior music of our Marine Band.

The general sessions of the Congress will be held at Albaugh's Opera House each morning. To these meetings there will be general admission.

On the afternoon of the 8th an excursion will be given to foreign delegates under the escort of a committee of local physicians.

The excursion will include Baltimore, Quarantine Station, Philadelphia, Delaware Breakwater, New York, Boston, Saratoga, Niagara, Detroit, Cincinnati, St. Louis and Chicago.

Dr. Adams says he has in his possession now an unexpectedly large number of abstracts of papers to be given at this Congress, and the attendance of the workers promises to be larger than was expected.

The general meetings and sections are open to the local profession, but in order to identify themselves with the Congress, physicians must pay a registration fee of ten dollars to Dr. G. L. Magruder. This fee entitles the holder to all the privileges of the entertainments and to the volumes of transactions.

The American Medical Editors will have a Meeting and Banquet in Washington on the evening of Monday, September 4th, the day preceding the assembling of the Pan-American Medical Congress.

Not in Bad Repute.

Through the over-zealousness of some Western reporter, there was published in some of the papers of Iowa, and in one medical journal, we believe, the announcement that the Medical Department of the Columbian University of this city failed to come up to the standard set by the State Board of Examiners. The dean of this department at once wrote to the secretary of the above board and received the following reply:

IOWA STATE BOARD OF MEDICAL EXAMINERS, OFFICE OF THE SECRETARY,
DES MOINES, July 17.

A. F. A. King, Dean National Medical College.

DEAR SIR—I have not seen the *Journal* to which you refer. I wish to assure you that the *Sioux City Journal* nor any other newspaper nor medical journal has any authority from this office to state that the National Medical College is in any way in bad repute before this board—nor has it ever been. There was one applicant for a certificate before our board at its last meeting, based upon graduation by your college for the session 1892–1893. It was promptly granted without a dissenting vote.

Your college, I am glad to say, is not only fully up to but is beyond our schedule of requirements, and you are at liberty to use this statement as you may see fit. I am very sorry the press reporter who furnished the news included the "Columbian University" among some other colleges that were below our standard. Very respectfully,

J. F. KENNEDY.

The Site of Contagious Disease Hospital.

For the benefit of the local profession we obtained permission of Commissioner Parker to copy the replies that had been received from other cities with reference to the location of the hospital for contagious diseases, and we present them below:

From the Mayor of San Francisco.—Permit me to say that the same difficulty with which you have been confronted has arisen in this city, and has been under discussion for a number of years, particularly so with regard to a pest house, without reaching any definite or satisfactory results. Our city would very much like to have the problem solved.

From the Health Officer of Cleveland, Ohio.—I will state that one of our hospitals for the treatment of contagious and infectious diseases, is quite isolated, the other when constructed was also in a remote part of the town, but is now in a rather thickly settled portion; we have never had any complaint regarding either. If due antiseptic precautions are used it is my opinion that there can be no objection to the location of such hospital in any part of the town. You will, of course, have to combat the prejudice of the public which, by the way, is deep rooted, but you will not imperil the life or health of the neighbors.

From the Department of Public Health, Indianapolis.—I will say that we have a pest house for smallpox and cholera that is located outside the city limits. In addition we have a contagious disease hospital for cases such as diphtheria, scarlet fever, etc. This hospital is located about two miles from the center of the city, and transportation has never made any difference as to the hospital service.

From the Health Officer at St. Louis, Mo.—I would beg to say that the matter of the humane bestowal and proper care of persons suffering from dangerous

communicable diseases is now under consideration by the Health Department of this city, no solution of the problem having been reached, as yet. Heretofore persons thus afflicted were hauled in ambulances a distance of some fourteen miles, in all weathers to the quarantine hospital (down the river); but a better and more humane method of caring for them and securing public protection is now being sought.

From the Mayor of Baltimore.—The Mayor and City Council of Baltimore, at the last session of the Council, provided for the erection of a hospital for the treatment of persons suffering from contagious and infectious diseases. The ordinance making this provision appointed a commission, consisting of the mayor, the comptroller, the health officer and the quarantine physician, to select a site and erect a suitable building. For the cost of the building an amount of $35,000 was appropriated. The commission has not yet been able to select a proper location. The opposition of property holders anywhere within the city limits, and even in the county, to having such a building located in their vicinity would amount almost to what is known in the South as "A shot-gun quarantine." The city owns some property near the present quarantine hospital, and the commission is now thinking of locating the building for infectious diseases on that property, but even then there is violent opposition from the people residing in the neighborhood. Thus far nothing has been done in this connection. In my judgment the danger of such a hospital to the immediate neighborhood is really, in a large measure, imaginary, nevertheless you cannot change human nature. Should the hospital be located near the present quarantine hospital we would then have to transport our patients to and from by water. There is some objection to this, but, in my judgment, it would be better than carrying them over a rough turnpike road in a wagon. Another place to which the attention of the commission has been called is in the neighborhood of the Potter's Field, about four miles from the city. This has the advantage of being near the railroad, and should it be selected the commission is considering the propriety of having a suitable car provided for the special purpose of removing patients. I doubt if we would be able to overcome the objection existing in every part of our city to the erection of such a hospital within the city limits, and we will be obliged to go to some remote section.

From the Mayor of New Orleans.—I beg to state that our city is in about the same quandary as yourselves. The hospital for such purpose, under recent contract was situated in the suburbs of our city, and I consider the danger from contagion too great to have same located in thickly settled section of a city; in fact, I consider where our present one was located too near habitation, although in a sparsely settled locality, and my action in the matter will be to have same removed to a more secluded and less populated portion of our parish.

From the Board of Health, Philadelphia.—Opposition to the establishment of hospitals for contagious diseases is always to be encountered from various interests affected, as no one desires to have such institutions located in his immediate neighborhood. The city of Philadelphia has such hospitals located not very distant from the centre of the city; that is a mile or more in a district that has become more or less thickly populated. The buildings are located upon a piece of ground about ten acres in extent in the Twenty-eighth ward, not

far from the New York branch of the Pennsylvania Railroad, and not very distant from Germantown Junction. These buildings were established in 1865 when the population of the city was less than 600,000, and when the lot in question was surrounded by commons. The city has rapidly extended all around this location and now there is a clamor for the removal of the hospital. Already a Commission has been appointed to select a new site and to advise as to the construction of new buildings, appurtenances, etc. The selection of a site has been contemplated before, but obstacles have been encountered which have delayed action. The selection of a site is a most difficult question. While it is of the greatest advantage to the sick to have such an institution convenient of access to all parts of the city so as not to expose them to the risks of long and fatiguing transportation, the people and business interests object to such a location. There is less objection to a remote location, but there is the difficulty of access to be encountered, which makes the uses and value of such institutions, except for the territory contiguous thereto, almost nil. In a city like Philadelphia, which has a very extended area, you can understand that a hospital located in the environs will be very distant from the extreme other side of the city and consequently it should be determined before so locating a hospital to multiply the number so as to make them equally accessible to all sections.

The Commission will locate a site, an appropriation having already been made for the purchase of ground. The action of the Commission will be subject to the confirmation by City Councils.

At that time it is expected that local interests will exert themselves to oppose such action. The site on the river will be advantageous if it were not for the difficulty of access and cost of transportation. Dr. B. W. Richardson, of London, who is an expert in these matters, is of the opinion that hospitals for the treatment of contagious and infectious diseases should be centrally located, and he is also of the opinion that when such hospitals are properly conducted there is no danger of communicating disease to the neighborhood, and I must say that that is the opinion that is held by myself after considerable experience and observation, but with the condition that the hospital be located on a plot of ground of ample size to isolate it, relatively speaking, from adjoining buildings and to have the administration of it as rigidly conducted as that of a quarantine station.

From the Department of Health, Chicago.—The Cook County Hospital has as yet no hospital for contagious diseases, but by October 1 it will have one which adjoins the present county hospital. It is situated not more than fifty feet from the medical ward of the hospital. We expect to have the patients attended by the same house physicians as the other medical cases of the hospital. The "contagious ward" will be equipped to accommodate one hundred and fifty patients, and subdivided for the various diseases. As we consider the patients in the medical ward fifty feet away are not jeopardized by the proximity of the contagious diseases, of course the neighbors would not be in danger. The laundry work will be done in different plants. The food will all come from the same kitchen.

She Poulticed It.

It made no matter what the trouble was, she poulticed it. If the face was painful because of an occasional neuralgic twinge, she poulticed it. If an old rheumatic joint had been awakened to

Vesuvian activity because of a sharp change in the weather, she poulticed it. If the great toe was suffering from an ingrowing nail, she poulticed it. If an ankle was extremely painful from a sprain, she poulticed it. If the throat was sore from any cause whatever, she poulticed it. She poulticed every abscess, ulcer, carbuncle and swelling. She poulticed the back of the neck for headache, and the bottom of the feet for croup. She poulticed the back for lumbago, and the stomach for dyspepsia. Probably all our readers know this old lady. She is the nurse for the neighborhood, helping and hindering the doctor all she possibly can.

Of all domestic remedies, we know of none more calculated to do harm than the poultice. Yet, for the sake of our good old friend who has such confidence in it after these many years of experience, we will not disturb her now, knowing soon we can write for her epitaph, "She Poulticed."

Scientific Capital Punishment.

The readers of the public press have lately been treated to an account of the attempt to enforce the New York law for capital punishment. After submitting the criminal to the usual tremendous dose of electricity, and after the machinery had broken, it was discovered the man was not dead. The doctors were then called in and tried their skill by giving hypodermics and anæsthetics. Later, it seems, the second attempt was a success.

We would recommend to the New York authorities that they secure the services of the man in Austria who showed such adaptability to his calling only a few days ago. It was found that after the criminal had been hung, according to the law of that country, there was something wrong with the arrangement of the noose. After the lapse of several minutes, the criminal was still living. Finally the executioner mounted a ladder and literally choked the man to death. All this, it appears to us, is not in keeping with the year eighteen hundred and ninety-three. It certainly is not, in so far as this country is concerned.

Cure for Deafness.

We are willing to believe a great deal of the wonderful, during these days of scientific surprises; but some things told us put our faith to the supreme test! For instance, a writer in the *Hahnemannian Monthly* reports cases of deafness cured by the administration of attenuated doses of agraphis nutans, or the common bluebell of the woods. In one case the patient, a girl of five, was unable to hear the watch with either ear. She had been in this condition for six months. After taking the agraph nut. for four months she could hear the watch at forty and fifty inches. In another case, with perforations of the membrane, the patient was cured "from four single doses." We care nothing about the attenuations in these cases. It is simply the idea that a very few internal doses of any remedy, in any amount, could make such complete recoveries!

Latest Dispatches.

"The Medical Congress at Rome will be the greatest collection of medical men ever brought together."

Later. "The Medical Congress at Rome has been postponed."

Later. "You may deny the rumors that the Medical Congress at Rome has been postponed. Over 10,000 physicians will surely be present."

Later. "We now have it upon the best of authority that the Medical Congress at Rome will be postponed."

Later. "The statement that the Medical Congress at Rome will be post-

poned is absolutely false. America, from both her Northern and Southern divisions, will send large delegations."

Latest. "A cable from Rome says the Medical Congress has been postponed until April next."

Resolutions on the Death of Dr. Leech.

At a meeting of the Medical Officers of the District of Columbia National Guard, held at Brigade Headquarters, May 10, the following resolutions were adopted:

Whereas, It has pleased the Almighty in his infinite wisdom to remove from our midst our esteemed comrade, Hamilton E. Leech, Surgeon First Regiment, D. C. N. G.,

Resolved, That in the death of Surgeon Leech the National Guard of the District of Columbia has lost one who, by his devotion to its interest and untiring service, has contributed greatly to its efficiency and usefulness; and that its Medical Department has been deprived of a member whose judicious counsels, honesty of purpose and amiability of disposition had peculiarly endeared him to his comrades.

Resolved, That we tender our warmest sympathy to the bereaved family in their affliction.

That these resolutions be published in the Medical Journal of this city, and that a copy of the same be sent to the family.

R. A. Foster, Surg. 2d Battalion,
George Henderson, Surg. General,
Francis J. Woodman, Surg. 6th Batt.,
Committee.

A Bacteriological Divorce.

From an exchange we learn that "the wife of Koch, the bacteriologist, has secured a divorce, with alimony to the extent of one-fourth his income. He is to marry a young actress now playing at Barany's theater." Upon what ground the divorce was obtained is not stated. It might be because the bacteriologist "has no visible means of support," as *Puck* would put it. He certainly must have inoculated his home with the *bacillus distrustii*, which eventually developed into the *casus belli*. His acts must have pleased the actress, else why this *alliencus bacteriæ?* We do not wish to look at such matters with a *micrococcus* eye, nevertheless we do not like such *cultures*.

Treatment of Puerperal Fever.

It is often a matter of great surprise to us how fortunate some individuals are in the treatment of the severest of diseases. In the *Journal of Homœopathy* is an article by Dr. J. B. Gregg Custis of this city, on Puerperal Fever. It makes a radical believer in the methods of the old school smile as he reads this preface to the article: "Our School has added so much that is original to human knowledge, that we can by right appropriate whatever is of value to science wherever found, and by virtue of our law, can cast off and discard whatever is worthless in the realm of therapeutics, the science in which we lead." However, this is but natural and we will let it pass. Dr. Custis is known in this city as having as large a practice as any of his school of physicians, yet he says that "most of the cases which I have seen have been in consultation with other physicians, and that I have never had but one case of the disease in my own practice at one time. Again, the methods which were used have been uniformly crowned with success." This is rather hard on the "other physicians," but as the methods employed have been uniformly successful, we should not find fault. We are sure all old-school practitioners will be glad to know what the methods are that are so successfully used in this disease; therefore, we glean from

the article the following: "First of all, rhus." Dr. Custis has never seen a case where it is not indicated. "Should the lochial discharge become offensive, it can easily be corrected by carefully selected remedies, most likely, carbo animalis." "If spots of tenderness appear on the left side, lachesis will help; if on the right, lycopodium. We have known the pain to disappear, not to return, in a very few hours after the administration of these remedies." We cannot understand this, and probably are not expected to, for it comes from those who care little for etiology and rest their only hope on symptomatology. "Fortunately," says Dr. Custis, "as homœopathists, our treatment does not depend on etiology." In speaking of the antiseptic douche, the author says: "The danger of introducing disease by the obstetrician is far less than of producing disease by the corrosive sublimate added to the hydrant water of the day. That cases have died from mercurial poison is just as certain as that puerperal fever has claimed its victims." The writer concludes by saying: "We will again repeat that we give this as our experience with puerperal fever, believing that it shows that it is possible to treat this disease successfully by strictly homœopathic medicines after the manner taught by our founder; that if it is followed, the patients will be able to return sooner to a life of usefulness. Physicians may ask, why should we not avail ourselves of the methods generally recommended? Because if you fail to take advantage of the possibilities of the law, and give your patient the advantage of the quickest, safest and most pleasant methods of cure, you are not true to your patient, not true to yourself, and can give no reason for belonging to a school with a distinctive name." We thus quote from and comment on this article because it gives us something of an idea of the modern practices and theories of this School of Medicine. It is not our purpose to make light of any such records. The men who advocate them are intelligent and conscientious. We can simply add, we do not see how it is possible for them to so believe.

Worthless Children.

Not motherless in the sense of orphanage, but rather because there never was a mother! Commenting on an editorial which recently appeared in the New York *World*, the *Woman's Tribune* of this city puts the case as follows: "The New York *World* asks, 'do rich men have smaller families than the poor,' in which it pointed out the goodly number of children which certain well-known rich men had without any allusion to mothers. H. Augusta Howard, our Georgia correspondent, has a way of seeing the ridiculous side of this separation of the interests of the sexes as put by men themselves, and she thinks that only the liberal fortunes of the gentlemen named have secured them immunity from the clutches of the enterprising showman who has a *penchant* for freaks. She suggests that these gentlemen with their unmothered offspring would, if rightly managed, make one of the best paying exhibits of the World's Fair.

"Miss Howard's suggestion is very *apropos* in calling attention to the masculine vanity which ordinarily ignores woman in all the affairs of the race, and as a clever hit back at those who have had so much to say about women 'unsexing' themselves by asking for rights and opportunities."

Whisky for Babies.

The rules adopted by the Medical Society of this city for the care of children during the summer months con-

tained a clause which was not to our liking, and we freely so stated at the time. This clause recommended that alcohol be put in the water with which the child was bathed. But this is as nothing compared to one of the "Rules" issued by the Health Board of New York City, which is as follows:

"On the hottest days a few drops of whisky may be added either to the water or the food, the whisky not to exceed a teaspoonful in twenty-four hours."

Commenting on this the *Temperance Advocate* says: "The whisky prescription was publicly ascribed to Dr. Moreau Morris, but Dr. Morris disclaims its authorship, and expresses the opinion, which many others will share, that it is liable to grave abuse. It appears that he was greatly opposed to it, and sent a written protest to the Board asking that it might be expunged, giving as his reason that he had 'seen children in their mothers' arms thoroughly intoxicated.'"

In an interview with a representative of the *Sun*, Dr. Morris is reported as saying:

"Our office sends a doctor to the Floating Hospital of St. John's Guild, and frequently reports have been made to me that infants were found in their mothers' arms in a state of stupor from whisky ignorantly or heedlessly administered. When the mothers were reprimanded, they claimed the liquor had been given in accordance with the instructions and with the approval of the Board of Health. I saw that the cases were becoming an everyday occurrence, so I thought it time to protest against a rule that admitted of such abuse. The dosing of infants with whisky or spirits of any kind should only be on the prescription and advice of a medical attendant responsible for its effects.

PAN-AMERICAN MEDICAL CONGRESS.

Committee of Arrangements, Washington, D. C.—Samuel S. Adams, M. D., Chairman; J. R. Wellington, M. D., Secretary; G. L. Magruder, M. D., Treasurer.

Executive Committee.—Dr. Samuel S. Adams, Chairman; Surgeon-Generals Geo. M. Sternberg, U. S. A.; J. Rufus Tryon, U. S. N.; Walter Wyman, U. S. M. H. S.; Drs. S. C. Busey, G. Wythe Cook, Carl H. A. Kleinschmidt, H. L. E. Johnson, Llewellyn Eliot, H. H. Barker, C. W. Richardson, W. Sinclair Bowen, Geo. S. Ober, G. L. Magruder, J. R. Wellington and John R. Walton, D. D. S.

SUBCOMMITTEES:

Reception.—Dr. S. C. Busey, Chairman; Surgeon-Generals Geo. M. Sternberg, U. S. A.; J. Rufus Tryon, U. S. N.; Walter Wyman, U. S. M. H. S.; Drs. J. Ford Thompson, Charles Hagner, Louis Mackall, J. Taber Johnson, T. Morris Murray, G. Byrd Harrison and Jos. H. Bryan.

Entertainments.—Dr. G. Wythe Cook, Chairman; Drs. G. N. Acker and Thos. E. McArdle.

Registration.—Dr. Carl H. A. Kleinschmidt, Chairman; Drs. John S. McLain and Johnson Eliot.

Railroads.—Dr. H. L. E. Johnson, Chairman; Drs. E. L. Tompkins and J. Foster Scott.

Printing.—Dr. Llewellyn Eliot, Chairman; Drs. Thomas N. Vincent and F. B. Bishop.

Halls and Exhibits.—Dr. H. H. Barker, Chairman; Drs. J. T. Winter and C. M. Buchanan.

Ways and Means.—Dr. C. W. Richardson, Chairman; Drs. John Van Rensselaer, Wm. Dillenback, Henry B. Deale and Wm. Compton.

Information.—Dr. W. Sinclair Bowen, Chairman; Drs. E. Oliver Belt and F. S. Nash.

Hotels.—Dr. Geo. S. Ober, Chairman; Drs. Wm. E. Handy and D. O. Leech.

THE PROGRESS OF MEDICINE.

The Difference. The *Popular Science News* for August has this little note at the bottom of one of its columns :

"When a simpleton wants to get well, he buys something 'to take'; a philosopher gets something 'to do'; and it is owing to the circumstance that the latter has been in a minority almost undistinguishable in all nations and ages that doctors are princes instead of paupers; and live like gentlemen, instead of cracking rocks for the turnpike." As no credit is given to any journal for this, it must be original. Yet it hardly sounds like this interesting paper to seriously put such words on record.

Alcohol in Old Age. The editor of the *Medical Brief* says: There is no longer any justification for the supposition that alcohol fosters vital heat or imparts vital force; for science has demonstrated that the sensations which seem to indicate this in either case are opposed to the fact; that alcohol lowers the temperature, lessens the powers of resistance and at the bottom is not a stimulant at all, but rather a paralyzant.

Tobacco and Boys. The *Medical and Surgical Reporter* has this item:

Among 32 school boys, who were examined by Decaisne, between the ages of 9 and 15, of whom all smoked, he found that 22 suffered from disturbances of the circulation, of digestion, mental relaxation and decided taste for alcoholic liquors; 8 of these were suffering from anæmia and from intermittent pulse.

Effects of Removal of Ovaries. In a recent lecture by Dr. Joseph Price of Philadelphia he gave the following as his opinion of the effects of removing the ovaries: He said all women are not affected alike. Some endure their removal with immunity from discomfort, while others are for a long time annoyed with the phenomena attending the menopause. Hence it is not safe at once to promise perfect comfort to these patients, nor indeed to tell them even that the menopause will infallibly at once ensue. Some women persist in periodic hemorrhages, some cease at once, others continue more regularly than ever. The why of all this is not clear. Again in chronic cases, where the pain and discomfort has lasted long the recovery is often more or less tedious. Pain has become engrafted upon the organism and time only will remove it. To such patients must be given encouragement to await patiently the gradual restoration to health, just as they would expect to do in the external surgery of the body. Miracles are not to be expected here, neither is it fair to promise them. The same careful consideration of all the probabilities of the case should here be made; the same honest expectation of life and health afforded; no more, no less.

Haines' Test for Sugar. The *North American Practitioner* contains Professor Haines' test for sugar. As this test is so simple and yet so satisfactory, we reproduce it here: Thirty grains of sulphate of copper are dissolved in half an ounce of distilled water, to which half an ounce of glycerine is added, and the whole is then mixed with five ounces of liquor potassæ. In testing with this solution a drachm is gently boiled and the urine added drop by drop until six or eight drops are added, *but not more.* If sugar be present, a copious yellow or yellowish red precipitate is thrown down, consisting of the usual anhydrous suboxide of copper.

Izal, the New Disinfectant. From a foreign letter written to the *Medical and Surgical Reporter* we learn that Dr. Klein, the distinguished lecturer on physiology at St. Bartholomew's, has announced that science is enriched by a medical discovery as important in the domain of therapeutics as chloroform, laudanum and quinine. The great theory of infection by bacillus forms requires, in order to be fruitful of benefits to mankind, the discovery of a powerful germicide. In carbolic acid, in corrosive sublimate and in potassium per-

manganate, science has made long strides in the direction of adequate antiseptics and bacillicides, but these drugs all have their drawbacks. Now, however, Mr. Worrall, a noted scientist, claims to have found among the coal products a disinfecting body apparently superior to all previous ones. He has named it izal, and Dr. Klein, after a series of exhaustive laboratory experiments, is said to have found it absolutely destructive of the spores of some of the most intractable and malignant diseases. Unlike most powerful disinfectants, it is nonpoisonous to human beings, and may be taken internally, diluted. Dr. Klein's experiments go to prove that, diluted with two hundred parts of water, izal absolutely destroys the vitality of the microbes of diphtheria, scarlatina, glanders, erysipelas, typhoid and cholera. *Black and White*, in speaking of the discovery, says: "It is not too much to say that izal, unless the conclusions of one of the most competent of our physiologists are erroneous, is the most important discovery in practical therapeutics made during the present generation."

Electricity in Gynæcology.

From an article in the *International Medical Magazine* we quote the following reference to one of the well-known physicians of this city:

"A very candid and withal conservative witness is Dr. J. Wesley Bovee of Washington. His testimony appears in a paper published in the "Transactions of the American Medical Association," vol. xii., 1889. While he has found undoubted evidence of good results from the use of electricity in diseases of the female pelvic organs, he thinks the efficacy of the agent has been overrated. He treated a large number of patients suffering with uterine fibroids of various sizes, shapes and localities diligently for some months, and did not observe diminution in the size of any of them except two, and in these he subsequently thought he had erred in his diagnosis."

Method of Death by Chloroform, Ether.

In the *Medical and Surgical Reporter* Dr. William Cheatam of Louisville thus gives the relative dangers of ether and chloroform: As to the method of death he believes the rule is that patients dying from chloroform anæsthesia die suddenly and there is no time to make an effort at resuscitation. The two facts that we do have deaths from chloroform in the hands of careful, experienced men, and that such deaths are generally sudden, is against its administration. On the other side, you take ether in the hands of a man who is accustomed to giving it and if there is any trouble from its administration it comes on in such a manner as to give a man time to make an effort to save his patient. Some years ago Dr. Cheatam gave ether for a gentleman in New York, and the patient came near dying three days afterward from kidney complication. He was taken sick immediately after the administration of ether and was in a serious condition for three days, then made a good recovery. With chloroform, should there have been trouble, death would likely have come suddenly and there would have been no time to make an effort to save the patient. In view of these facts the author thinks ether the safest anæsthetic of the two. In the city of Louisville within the last year there have been six deaths from chloroform, all of them occurring before any instrument was used, while preparations were being made for the operation. Some years ago Dr. Cheatam saw in the city hospital a man who had taken chloroform eighteen times before for the same trouble (dislocated shoulder), and the nineteenth time he died; death was sudden after taking only a few whiffs of chloroform.

To Remove Nasal Polypi.

In the New York *Medical Times* Dr. Bell describes a simple and painless method of removing nasal polypi. He instructs the patient to close the nostril on the unaffected side with his finger and to blow strongly through the other. This procedure brings the polypus into view. He then injects fifteen to twenty minims of a solution of tannic acid, twenty grains to one drachm of water, into the tumor with a hypodermic syringe. In a few days the tumor dries up and comes away.

This item is now on its rounds, enlightening the minds of the ignorant

fraternity! To the surgeon, familiar with nasal work, it reads more like a joke! Why this doctor keeps his patient waiting a few days in order to get rid of his affliction we cannot understand. And why he directs that fifteen to twenty minims of a solution be injected without stating anything about the size of the tumor treated is also a little peculiar. With the aid of cocaine it is a simple matter indeed to remove nasal polypi with the cold snare, quickly and painlessly. All other methods are at a great discount.

Clinical Value of Opium.

The editor of the *American Therapist* compares the effects of opium to the smoke of battle; "it hides the movements of the enemy." It also gives the practitioner a false sense of security. The clinical value of opium preparations does not lie in their curative properties, but in their power to obtund temporarily the nerve functions.

How many physicians in this enlightened age order paregoric and laudanum for infants, with instructions to cease administration when the pupils begin to contract? At a low estimate, probably one in twenty, which means more than five thousand physicians in the United States alone give opium to infants. Is it then surprising that infant mortality continues high, or that the number of opium habitués is increasing? "Need we express astonishment," says Dr. Aulde, "that sickness is abroad in the land when we consider the tactics hitherto employed in the treatment of disease, or rather the symptoms of disease? While admitting that opium and its preparations sometimes serve a useful purpose in relieving symptoms, it is but a temporary expedient, and *never cures disease.*"

Celerity in Operating.

In a recent clinical lecture, after completing a laparotomy, Dr. J. H. Etheridge of Chicago said: Celerity in operating is a valuable thing, because you have no conception, until you have dealt with such cases, of the amount of shock given to such patients from exposure of the peritoneal cavity. We always aim to work as rapidly as possible, and where we can save five, ten or twenty minutes by rapidity of work, we find it adds to the chances of the patient's life. I do not know a place in the world where a man is called upon to decide so quickly as in the work in abdominal surgery. The abdominal surgeon, when operating, cannot consult books, cannot send for his friends. He must know what he wants to do and go straight ahead and do it. If he does his work well it is right; if it is wrong, he soon finds it out. With experience and a clear knowledge of the existing conditions of the case very few serious mistakes will be made. Another thing, you will find that as the laparotomist grows older in his work, he makes fewer diagnoses in mysterious cases before operating. He is inclined to hedge himself about with a conditional diagnosis whose component parts increase with experience.

Treatment of Follicular Tonsilitis.

In the treatment of follicular tonsilitis, our observation fully corroborates that of Dr. J. C. Hoag who writes to the *Maryland Medical Journal* that the removal of the cheesy plugs which occlude the lacunæ and follicles of the tonsils is uniformly followed by a very marked amelioration of all the symptoms. The treatment is as follows: Fifteen to twenty minutes are spent in removing the exudate of the tonsils. This is done with the aid of three little instruments, viz., a small spoon such as is used in clearing out the meatus of the ear, an ordinary silver probe wrapped with a small piece of absorbent cotton dipped in peroxide of hydrogen, and a small forceps with which to seize sticky masses not easily removable with the other instruments. Frequent applications are made of peroxide of hydrogen to the tonsils by means of a brush, in addition to which are used the ordinary gargles and appropriate constitutional treatment. But the main reliance is in the topical treatment as described and after a single séance with the patient one may confidently expect to find a very marked improvement within a few hours.

Treatment of Pneumonia.

Dr. W. E. McNutt of San Francisco does not place complete reliance on drugs to accomplish everything. As reported

in the *Southern California Practitioner* he says that the victim of pneumonia is singularly unfortunate, not only because the disease is a serious one, but also because physicians from time immemorial have looked upon the disease as one to be actively treated with large doses of powerful remedies. It is true all require care, and intelligent care, and should be placed under the most favorable hygienic surroundings, but, except an occasional laxative, and a hypnotic at night, when they are indicated, no medical treatment is called for, in from 80 to 90 per cent of cases of pneumonia. Heart depressants and antipyretics in pneumonia, more especially in the second and third stages, kill thousands. The worst thing that can be done for a patient when the lung is engorged is to paralyze the heart—it is worse than bleeding—bloodletting might relieve the engorgement. What is needed is more intelligent reliance on the natural evolutionary termination of the disease, and more intelligent conservatism in the administration of medicines.

Obstetrics Should be Taught Early. At a meeting of the Philadelphia Obstetrical Society, as reported in the Cincinnati *Medical Journal*, Dr. Joseph Price made the following remarks: He said that there had never been a premium upon skilled obstetrics. At one time it was done by vulgar, ignorant midwives and, in Philadelphia out of 20,000 labors, 5,000 are reported by midwives. There are from 120 to 130 midwives practicing in this city. No woman should be attended by a midwife unless she bears a diploma from a good midwifery school where the theoretical and practical training is carried out as in Germany. We have no such school in this country. We have all felt the importance of early teaching and practical training of the student for practical work. Obstetrical instruction, unfortunately, begins with the second year and in some schools the student, for examination purposes, shirks obstetrics even in the second term. hoping to pass on everything else and thinking that he will have ample time to make it up in the last year. So much is this the case that Dr. Price thought that obstetrics ought to be taught during the first and second years, as this is one of the branches in which early practice can be had. More than half of the students do not own a classical work on obstetrics; they are *living on compends* and notes.

A Practical Argument. The late P. T. Barnum was a man of practical ideas, and in an address delivered in Philadelphia, he said: "I will undertake and give bonds for the fulfillment of the contract, that if the city of Philadelphia will stop selling liquor, and give me as much as was expended there for liquor last year, I will pay all the city expenses; no person living within her borders shall pay taxes; there shall be no insurance on property; a good dress and suit shall be given to every poor boy, girl, man and woman; all the educational expenses shall be paid; a barrel of flour shall be given to every needy and worthy person; and I will clear a half million or a million dollars by the operation."

Acid Treatment of Choleraic Diarrhœas. In a paper recently written by Dr. E. Chenery of Boston, and reproduced in *Leonard's Medical Journal* for July, the author says that the most practical fact which the whole science of cholera has yet developed is that the *microbes do not flourish in acid liquids, while they do in alkaline.* For while opium, empirically, is serviceable in checking the early diarrhœa, the fixed mineral acids practically beard the wolfish microbes in their den, preventing their development and work. Certainly no other treatment has developed so much in its favor as the acid. That it has done so no more, is because it has not been wisely administered and properly trusted. So far as he has had experience in the use of acids in choleraic diarrhœa, he has been highly pleased with the results.

Dr. W. I. Cox of Kensal Town was the first to use sulphuric acid in cholera in England. Through the aid of Dr. Herepath, of Bristol, England, he made the discovery that a celebrated Austrian remedy consisted chiefly of sulphuric acid. Dr. S. T. Chandler of Kentucky, having had experience in the epidemics of 1854 and 1873, in the use of the acid,

states that it "relieves the nausea, arrests the vomiting like a charm, and gradually the dejections are stopped." Dr. McClellan confirms the value of the acid treatment, and gives it the credit of reducing the cholera mortality to 8 per cent, while the lowest by other means is 23 per cent and from that up to 59. Dr. John M. Woodworth, supervising surgeon U. S. Marine Hospital Service, said: "Beginning with the year 1814, the cholera literature down to the present time abounds in proofs, clinical, physiological and metrological, of the efficacy of sulphuric acid." "My own conviction is," says Dr. Fuller, who had large experience with the use of sulphuric acid, "that in sulphuric acid we have an antidote—a specific—against choleraic diarrhœa, if not against the worst forms of cholera, as powerful and energetic, and as certain in its effects, as cinchona bark or quinia against a paroxysm of ague." From these cases, however, must be excluded the bilious and chronic diarrhœas.

Dr. Fuller is emphatic in saying that in epidemic diarrhœa, in acute autumnal diarrhœa and in the more decided choleraic diarrhœa, he has known no one single instance of its failure; indeed, the more choleraic the diarrhœa the more speedily are its curative effects produced.

It is evident that the dosage and the frequency and care in its administration, as in the administration of any other powerful drug, must be considered, if there is to be the desired effect. Dr. Fuller says if those gentlemen who make trial of the remedy *would use it as they ought, in the manner and in the dose he directs*, and administer it only in proper cases, we shou d seldom, if ever, hear of its failing to arrest the course of the disease. "In every instance within my own knowledge," says he, "in which it has failed in its efficacy, the blame has been chargeable upon those who have administered it, rather than upon any want of virtue in the remedy itself. They have either given it in insufficient doses, or else in cases of bilious diarrhœa with foul breath and loaded bowels, which would have been benefited by a brisk purge of calomel and rhubarb."

Easy to Diagnose.

From the *Medical Record* we learn how to diagnose the sex and the type of mind of the patient by the manner in which he or she furnishes urine for diagnostic examination. The writer says all careful observers will have noted a general fact, that women bring smaller bottles than men. The sex stands out strongly here. The element of modesty enters, we have no doubt, in the production of this phenomenon.

A half-ounce vial, partly filled, rather badly wrapped up, with a white cotton thread round the neck, indicates a woman of a sensitive temperament, and not very much used to personal medication. Sometimes the specimen is two or three days old, which means that it was procured directly after the last consultation, so that it should not be forgotten. Hysterical women are much more apt to have liberal ideas as to quantity, probably on account of a polyuria, which furnishes a rich supply. The mother always sends a small sample of the baby's renal work. Here one can easily see the working of a logical mind, which some ignorantly deny to women. The baby being small naturally not so much of a specimen is needed. Men unquestionably take a larger and more generous view of what the doctor needs. A half-pint to a pint of morning urine seems to be considered the correct thing. Occasionally two bottles, neatly done up and carefully labeled "Morning" and "Night," are furnished as a basis for a scientific study. When a patient on calling takes from his pocket two bottles thus marked, which he has voluntarily prepared, a diagnosis of morbid introspection and chronic invalidism can at once be made.

Chloroform in Obstetrics.

Dr. P. Gunterman of Louisville says that as to hemorrhage in obstetrical cases he is satisfied that when you give chloroform in obstetric cases you always have a greater amount of hemorrhage than without it; where there is any danger of hemorrhage, where you suspect it, whether it be placenta previa or some peculiar condition of the woman, if an anæsthetic is to be given, let it be ether by all means.

Practical Hints in Obstetrics.

From a paper by the editor of the *Buffalo Medical and Surgical Journal*, Dr. William Warren Potter, and published in that journal for August, we obtain the following practical points in obstetrics:

Obstetric engagements once accepted should be faithfully fulfilled, no matter how awkwardly they fit. Apply the same rule of cleanliness to rich and poor alike. Decline service when this cannot be done. Human life is too precious to jeopardize it by slip-shod, half-hearted, or indifferent service. The physician should be a model of cleanliness in body and clothing, and should insist upon the observance of similar conditions by all persons in and about the lying-in chamber. The delivery room, whether in hovel or palace, court, alley or avenue, should be simple in its furniture and hangings, and be cleaned with soap, water and whitewash (if possible to use the latter) immediately before occupancy by the puerpera. The delivery bed should consist of a new tick filled with sweet and clean straw, covered with a blanket, impervious dressing and a folded sheet, with other clean covering to be allowed, according to season. Exceptions to this simple bed should be as few as possible, and in no event should a bed be substituted that has been used by the sick, or that is not beyond even a suspicion of infection. The patient should be specially prepared for delivery by baths and enemata, vaginal douches, and clean clothing; and labor should be conducted on the lines of absolute cleanliness, with few vigital examinations, and a complete delivery of the secundines. Lesions of the genital tract should receive careful attention; rents of the perineum should be repaired, and so, too, in some instances should tears of the cervix. Antiseptic solutions containing a germicide should be used for cleaning the hands and instruments of the operator. Intra-uterine irrigation with sterilized water should be carefully employed after operative midwifery, either manual or instrumental. Finally, if sepsis proceed to suppuration and abscess, the abdomen should be opened, pus cavities emptied, irrigation used, and drainage established. If the uterus and adnexa become thoroughly infected, they should be extirpated.

Aperient Pill of Sumbul.

From a late number of the *Medical Bulletin* we abstract the following from an article by Dr. John V. Shoemaker. Dr. Shoemaker says that sumbul, or musk-root, is an excellent antispasmodic and nervous tonic. Its action resembles that of musk and valerian. In small doses it stimulates appetite and improves digestion. It allays irregular nervous action and is beneficial in depressed or excitable condition of the nervous system. Sumbul may be very advantageously employed in the treatment of hysteria, neurasthenia, neuralgia, functional irregularity of the heart, restlessness, the insomnia of chronic alcoholism, and nervous dyspepsia. The extract is given in the dose of ¼ to 1 grain. It is essential that it be made from a pure specimen. As most of these disorders occur in neurotic individuals — especially women—with impaired nutrition, a morbidly sensitive organization, dyspeptic difficulties and sluggish movement of the bowels. Dr. Shoemaker associates it with nervine and laxative remedies. The following combination which he has devised is now put up on a large scale by the well-known pharmaceutists, Messrs. William R. Warner & Co. Each pill contains:

℞ Ext. Sumbul.....gr. i.
Assafœtida.....gr. i.
Ext. Cascar. Sagrad.....gr. ss.
Aloin.....gr. 1-10.
Ext. Nucis Vom.....gr. ⅛.
Gingerine.....gr. ¼.
M. The dose is 1 or 2 pills.

Piperazin in Uric Acid Diathesis.

From a recent letter from Berlin, to be published in *New Remedies* for September, we learn that piperazin is steadily gaining ground in the estimation of European physicians, and is regarded as *the* remedy in all forms of uric acid diathesis in continually widening circles. Dr. H. Wittzack brings the latest contribution to the literature of the subject, and his experiences are equally favorable to those of Biesenthal and others who have fairly tried the remedy

in practice. From observations in five cases of gravel and in one case of arthritis urica deformans, he draws the conclusions that (1) diuresis is considerably increased, in the case of arthritis, the amount passed in the twenty-four hours being more than doubled; (2) the specific gravity and acid reaction of the urine is lowered, but never becomes alkaline or even neutral; (3) the appetite is not affected and no disturbance of the general condition can be attributed to the administration of piperazin; (4) that there is no difference in the action of free base piperazin and its hydrochloric acid salt, but in practice the salt is preferable because it is less hygroscopic. The author further emphasizes the necessity of administering piperazin continuously for some days (15 grains daily for a fortnight) before forming an opinion as to its efficacy, and at the same time describes subcutaneous injections of piperazin as both painful and dangerous, causing infiltration and a tendency to form an abscess.

Chloralamid as a Hypnotic.

In hospital use chloralamid continues to elicit favorable expressions of opinion in regard to its hypnotic qualities, especially in different forms of mental disturbances. Früs gives it in the form of an alcoholic mixture: Chloralamid 10 parts, alcohol 20 parts, syrup aurantii 30 parts and water 100 parts; the dose for adults being as a rule one to two teaspoonfuls pro die. He has given it in 47 cases with satisfactory results, the action being prompt except in advanced cases of delirium tremens, in which it was without effect, as well as unreliable in the insomnia of males due to chronic alcoholism. Its administration is not attended with any injurious bye effects upon the digestive organs, even after employment for months, and the heart's action is in no wise affected. The pulse and respiration, in the author's experience, remain quiet and regular under the hypnotic influence of the drug.

Piperazin in Diabetes Mellitus.

Several substances are already known to us which exert an inhibitory influence upon the conversion of soluble starch (Glycogin), into sugar. Dr. H. Hildebrandt says, in the *Aerztliche Praktiker*, that he has recently found that piperazin possesses in a high degree, a restraining action upon saccharine fermentative processes. It also proved effective in diabetes artificially produced in dogs by phloricin, the excretion of sugar being almost entirely arrested by administration of piperazin. In these animals the general health remained good.

In a case of severe diabetes (seven to eight per cent sugar in the urine) which was admitted February of this year to the Barmer Hospital under the care of Dr. Heusner, piperazin obtained from the Farbenfabriken, formerly Fr. Bayer & Co., of Elberfeld, was employed. The daily quantity of sugar in the urine was considerably diminished (down to thirty-three per cent) under influence of the drug. During fourteen days from one to one half grammes of piperazin were administered daily in watery solution, distributed in three doses and given half an hour or an hour before meals.

Book Reviews.

A Chapter on Cholera for Lay Readers: History, Symptoms, Prevention and Treatment of the Disease. By Walter Wright, Ph.B., M. D., Medical Director and Physician-in-Charge of the Fire Island Quarantine Station, Port of New York; Fellow of the New York Academy of Medicine, etc. Illustrated with Colored Plates and Wood-Engravings. In one small 12mo volume, 110 pages. Price, 75 cents net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

The author says cholera is a disease which, by the use of care and intelligence, can be easily prevented, if proper measures are taken beforehand to provide that the conditions necessary for its development are abolished. A few pages are devoted to the history of cholera, followed by an account of the cholera as it has appeared in America. The causes of the disease, prognosis and treatment are given in clear language. The author believes that if it were possible for us to keep our digestion in perfect order we would not become affected with the disease. Personal hygiene is dwelt upon at some length and is, probably, the most valuable part of the book. For the preliminary diarrhœa, rest, dilute sulphuric acid, small doses of opium, and calomel, are recommended; calomel gives the best results.

Indications for Amputation in chronic disease of the larger bones and joints.—By J. E. Summers, M. D., of Omaha, Neb. A reprint of eleven pages from the *Omaha Clinic.*

Sarcoma of the right lung diagnosticated during life by the use of the microscope.—By D. W. Prentiss, M. D., of Washington, D. C. A reprint of five pages from the *Medical News.*

The Significance of Pyrexia in Surgical Cases.—By I. S. Stone, M. D., of Washington, D. C. A reprint of seven pages from the *American Gynecological Journal.*

Apparent and Actual Mortality.—By F. D. Bullard, M. D , of Los Angeles, Cal. A reprint of twenty-six pages from the *Southern California Practitioner.*

The diagnosis of some Gynecological disorders.—By H. J. Bolett, M. D., of New York. A reprint of twenty-seven pages from the *American Medico-Surgical Bulletin.*

The operative treatment for Myofibromata of the Uterus.—By H. J. Bolett, M. D., of New York. A reprint of twenty-three pages from the *American Journal of Obstetrics.*

A Text Book of American Gynæcology will be issued in September by Mr. W. B. Saunders, 925 Walnut Street, Philadelphia. It is the joint work of Drs. Wm. R. Pryor, Howard, Kelly, Byford, Baldy, Krug, Tuttle and others. The authors, you will agree, stand for all that is progressive. The work will contain operations not before described in any other book, notably, oblation of the fibroid uterus. It is intended as a profusely illustrated reference book for the practitioner, and every practical detail of treatment is precisely stated.

DUNGLISON'S NEW PRONOUNCING MEDICAL DICTIONARY.

A new edition of Dunglison's Medical Dictionary is announced by Lee Brothers as in press for early publication. It has been thoroughly revised and greatly enlarged, and will contain about forty-four thousand new medical works and phrases. Pronunciation has been introduced into the new edition by means of a simple phonetic spelling. This work has always been noted for the fullness of its definitions, ample explanation being its distinguishing characteristic. In the new edition much encyclopædic information, difficult of access elsewhere, will be found conveniently at hand. Especial attention has been devoted to matters of practical value. A review will appear in an early issue.

THE POPULAR SCIENCE MONTHLY.

Dr. Ernest Hart, editor of the *British Medical Journal*, has an article in the September *Popular Science Monthly* tracing "The Pilgrim Path of Cholera." He shows that the hordes of pilgrims that gather at Mecca, Kalighat and other sacred places, bathe in and otherwise pollute yet at the same time drink the sacred waters, and then scatter to their homes, are the means of conveying cholera to the shores of the Mediterranean and across to Southern Europe. The indescribable scenes on the banks of the sacred waters are shown from photographs.

Review of our Books.

We are under obligations to the editor of the *Popular Health Magazine* for the following kind notice of our physiologies: "These three works, by Dr. Charles H. Stowell, of Washington, D. C., and published by Silver, Burdett & Co., Boston, hardly need special notice here as their worth and popularity are attested by the many editions which have been called for and the endorsements from leaders of education and thought throughout the country. The books are written respectively for elementary, intermediate and higher scholars. They teach thoroughly and well the structure of the body, its cells and organs and their relations to the healthy body. The evil effects of alcohol and tobacco are clearly shown and impressed on the developing mind in a proper spirit and without any attempt at exaggeration. The three books are to be recommended for use in the respective departments to which they belong. Dr. Stowell, who is the editor and proprietor of the NATIONAL MEDICAL REVIEW, is a most instructive and felicitous writer, and these books will prove interesting and helpful to adult readers as well as to the young."

The largest of these books, "Essentials of Health," has recently been adopted by the School Board of this city, for use in the public schools.

THE
NATIONAL MEDICAL REVIEW.

VOL. II. WASHINGTON, OCTOBER, 1893. No. 8.

CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

The Old Professor.

He is again on deck this fall. Neither the heat of summer nor the chills of winter check his ardor and love for the old college. Some of his colleagues, who are his old students, notice that his hair is whiter, his face is paler and his voice not quite so strong; yet they notice also that his eye kindles with the same old fire as he steps before the new class of students. The old professor is alive to all the modern theories in medicine, yet he cautions his hearers to be careful and not try too many experiments. He tells well-known truths with more force than ever; but he is less enthusiastic about many recent discoveries. He overlooks the blunders of many a poor fellow as he stammers out an answer to the quiz; and he deals more gently with the wayward brother than he did years ago. He is constantly holding up to his hearers the noble and self-sacrificing spirit of the profession. The new student thinks the old teacher a little dry, but the older students are inclined to weigh every word he utters. The post-graduate passes by the younger teacher, and is not interested in some of the new theories or principles so at variance with the teachings of the authorities. But he drops into all the lectures of the old professor. He finds new meaning to the dry sentences and carries away much food for thought. Before he leaves, he becomes much attached to his old teacher. After he leaves, he finds, as the years roll by, that he fondly loves the old professor. He wishes with us that the time may never come when the college faculties shall be composed entirely of the "recently imported" product. Nobody can take the place of the old professor. May he be spared to us many years to come; and when the time arrives for him to cease his labors, may his place be filled by one as ripe in years and experience as was he.

Another Medical College Needed.

While we have four medical colleges in this city which have been in existence for a number of years and while we are informed a new college for the homœopathic profession is to be opened this fall, yet there is still room for another medical college. We refer again to the need of a medical college where women alone shall be taught. We believe that if such a school were established here it would meet with the most generous support. While we have nothing whatever to say against co-education in medicine, nevertheless it is a fact that women can best meet the demands that will be made upon them in the active practice of the profession, by obtaining their education at a college devoted especially to their needs. Let it be known to the public that the woman physician has been especially prepared

all through her college training with a view to the treatment of diseases peculiar to her sex and she will be received by the public at once as especially able to meet the demands of such cases. We would not have any part of the regular medical curriculum omitted from her course, but we would have her given special training under special teachers for that practice which would most naturally come to her. While woman is making a great effort for her so-called rights, we would answer that nothing could be done to advance her interests greater than that she be given medical instructions in a college devoted exclusively to her sex. Of course it follows that as there is no such college in this city she must accept the next best thing and attend those who open their doors to her.

Preliminary Entrance Examinations.

It is often the case that the faculty of a medical college does not discover the inferior education of some of its pupils until the time for final examinations arrives. That this is eminently unjust to the student goes without saying. The college has no right to take the time and money of the student for three or four years and then discover that the general education of the applicant is not sufficient to warrant his receiving a degree. This has always forced us to hold that more weight must be placed upon the entrance examinations, and more frequent examinations should be held during the first year of college life. If the authorities are at all in doubt concerning the advisability of allowing the student to enter upon a course of medical study, they can easily and early decide this by an examination at the middle or certainly at the close of the first year's study. But the real trouble lies in the ease with which students are admitted to our medical schools. We are familiar with the following case, which is but an illustration of many that could be given :

A professor of surgery began his course of lectures by the laconic statement that "surgery is not the art of cutting." This point was referred to again and again, and at the close of the hour the professor said, with a great deal of emphasis, "Remember, gentlemen, that surgery is not the art of cutting." A student carelessly left his notebook in an adjoining room and, curious to know what it contained, the professor opened it only to find these words: "Professor —— spent the whole hour in emphasizing the point that 'surgery was the art of cutting'!"

All our readers are interested more or less in the thorough education of the medical student. Let them obtain the address given by Dr. George N. Gould of Philadelphia before the American Academy of Medicine at its last meeting in Milwaukee. Dr. Gould there gives a sheet from the notebook of a student who was about to graduate from a school which makes much of its entrance examinations. The notes themselves carry more weight with them as a plea for more care on the part of authorities having in charge the preliminary examinations than any amount of argument. Dr. Gould informs us that but fifteen per cent of the medical students in the United States have had a college training, and remarks that there must be something radically wrong with a profession that so signally fails to attract college-bred men. He thinks one cause of this inadequate medical training is that the method of teaching has too much of the commercial side about it. Dr. Gould says that our reliance for relief must be placed upon private bequests, and these can be secured only as we educate and interest the rich. We must separate the school from the ques-

tion of earning money. With well endowed colleges, we can hope to make such preliminary requirements that the profession will not be lowered in the sight of educated men, but will hold out attractions to the very best college graduates.

Advice To Freshmen.

We are glad to see so many of you at the beginning of the college year. We hardly feel competent to advise you, having been in the practice of medicine but a little over twenty years. We know it would be more proper for you to give us advice, but still, filled with the egotism of a country editor, we propose to give you some counsel, based on personal experience. You might as well begin your course of study with the full knowledge that your professor will tell you when you graduate that you are the best looking and the best educated class that ever received the blessing of its alma mater. You should not be too harsh on your Professor of Chemistry because he does not ask each of you to prepare his experiments for him ; he will without doubt do so before the end of your first year. Your Professor of Surgery will feel deeply grieved if you in any way insinuate that you feel hurt because he does not ask you to perform operations on his clinics, while he is satisfied to perform them on the cadaver. Your Professor of Therapeutics fully realizes the fact that you are as competent to write prescriptions in the metric system as he is, but according to the rules of the college he will be unable to allow you to teach the seniors how this should be done. If you will only be patient, the Professor of Obstetrics will often call upon you for advice after the holidays ; but he wishes us to announce that it will not be right for him to do so before that time. We are also authorized to announce that the fact that you occupy the back seat in the lecture-room is not because the seniors are considered in any sense more worthy of the front pews ; but rather because the Professors all know that your great desire for knowledge is such you can be trusted at any distance from the speaker's desk. You will not be quizzed in public so much as the older students because the Faculty have decided that it would be doing a great wrong to the older students if their ignorance was exposed by the brilliant answers which you would surely give to all their inquiries.

Our advice, therefore, is simply this : While you are resting, happy in the consciousness that your superior knowledge of medicine is at once evident to each member of the Faculty, yet you should call on each one and set forth your superior judgment and the great skill of your preceptor. Walk about with that solemn mien which becomes one carrying the weight of the responsibility of the whole profession. Commit to memory everything that is told you in the lecture-room and show a familiarity with the minute teachings of Gray in your daily conversation with your teachers. Show your great love for the study by calling attention at your boarding place to the failings of your teachers and to the beauties of the anatomical laboratory. Keep constantly in mind the fact that in years to come you will look back upon this freshman year as one of the strangest experiences of your life. And above all remember that within a few years you will doubtless exceed the knowledge of all your teachers and they will be quoting you as an authority.

The Function of the Ileocæcal Valve.

The readers of this journal will remember that some months ago we gave a paper before the Medical Society of this city in which we attempted to show the function of the ileocæcal

valve. We stated at the time that this valve was perfect in its action when in a healthy state; and that it acted as a complete barrier for the passage of matter from the large to the small intestine. Following the reading of this paper there was a free discussion in which the ground was taken by a number of those present that this valve was not perfect in its action and was not a complete barrier to the passage of material upward as the author indicated. This is of especial interest just at this time because of a certain treatment of cholera, whereby, in order for the treatment to be a success, it is necessary that the injections pass from the large intestine through the ileocæcal valve into the small intestine. Now if this valve prevents such passage, then there can be nothing in this method of treatment. The subject is one of physiological interest also.

It is with much satisfaction, therefore, that as the advocate of the theory given above we find the strongest corroborative evidence in the following abstract, taken from the Omaha *Clinic:*

"Kraus (*Abst. in Centralblatt f. Chirurgie, 28, 93*) has experimented on one hundred cadavers to determine, if possible, this mooted point. In all but eleven cases he found the valve to be gas and water tight unless high enough pressures were employed to rupture the connective tissue which fastens the ileum to the colon. When this was done the natural slight invagination of the ileum into the colon was reduced, and the efficiency of the valve impaired. In the eleven cases in which the valve was found permeable, the relations of the ileum to the colon were abnormal. The stercoraceous vomiting of intestinal obstruction is no proof of the natural permeability of the valve; for the enormous accumulation of juices which occur in these cases probably ruptures the ileocolic connections, just as the high pressure in Kraus' experiments were found to do."

Pan-American Medical Congress.

The residents of this city were kept so well posted concerning the proceedings of this Congress by the daily press of this city that it seems hardly necessary for us to call attention to its great success. The work of the local committees was so perfectly done that everything went off smoothly and in order. The entertainments far surpassed even the high expectations of the committee and each member of it is to be praised for the hard work he did in order to bring about such a success. It is now a fact, more assured than ever before, that when the profession of the Capital City undertakes to do anything it always succeeds in first-class style.

For Sale and Wanted.

We have for sale a first-class Kidder's physician's battery which has never been used, and the list price of which is $50. The same may be seen by calling at this office. It will be sold at a large reduction from the list price.

We would also like to purchase for one of our subscribers a static machine but little used and in good order.

Work or Bread.

The cry that a large force was to march to our Capitol, and there demand work or bread, turned out as was expected to be—all a cry. Were it not for the serious side of the question it would not seem out of place to ask the local profession to make the same demand! During the whole summer there has been but very little sickness, while there have been practically no collections at all. For the former, however, we are very thankful, and the latter will soon correct itself. This leads us to remark that we believe our city is not only the handsomest in the

world, but it also has more doctors to the square inch than any city of its size on the face of the globe. When it is remembered also that this is one of the healthiest of cities, it is evident we cannot offer chromos to the physician searching after a "desirable location." If all the facts were known there would be some surprising figures given as to the effect of the health of the public during the days when the doctors are away on their summer vacation! A friend called to ask us what to do for an aching tooth. His favorite dentist was away and he knew not what to do. We sent him to seven offices before a dentist was found who could attend to his wants. The others were all out of town. We know of a party who refused to have any other physician than her own, and who calmly decided to continue to suffer until his return, some three weeks off, rather than have any stranger "experiment" on her.

The Medical Mirror.

The September number of the *Medical Mirror* was especially devoted to the interests of the Pan-American Medical Congress. Two full-page illustrations add much to the interest of the number; one of which is none other than of our own Dr. S. S. Adams. In speaking of Dr. Adams, the editor of the *Mirror*, Dr. I. N. Love, says:

"Dr. Adams is a happy combination of will-power, grey matter and good humor. He has a practice which is among the best in the city of Washington, though still what would be considered a very young man; and with his superb physical and general equipment he evidently has before him many years of active work and good service for his clientele. There is nothing stereotyped about him. While being kindly and generously disposed to others, and tolerant of their every thought and opinion, he travels a pace which is somewhat in the nature of the go-as-you-please. He does not think that doctors in their manners or dress should ape the funereal style."

Dr. Love has one of the most interesting journals that comes to our table, always being filled with much matter, evolved from the deep chambers of the editor's own consciousness.

The Ethical Methods of Dr. Amick.

We have had something to say heretofore about the uncharitable and unethical methods of a certain Dr. Amick, of Cincinnati. If we needed any additional evidence to confirm us in our opinion we could obtain it in the columns of the *Virginia Medical Monthly* for September. The editor of that journal informs his readers that "a practitioner of recognized ability and an ex-President of one of our State Medical Societies, under a misapprehension as to the character of this company, and at the request of a patient who had seen its advertisement, wrote for a trial package. In the correspondence, the Doctor remarked in a very mild way that if the company wished the profession to aid them in introducing their remedies, the profession should be made to know more of their composition, etc. In reply, the company wrote the Doctor a personal letter, from which the following extracts are taken as a sample: 'In reply to your very impertinent letter of the 12th, allow us to say that you have evidently in your mind placed the cart before the horse. We are not asking the profession to help us out. *We are dictating to it.* We are in too independent a position to listen to any narrow-minded and big-headed nonsense. If you think for one moment that the originators and manufacturers of these drugs are going to jeopardize their reputation * * * by making public the formulas at the

request of a few, you are much mistaken. It is a matter of indifference whether or not you order the treatment.' Such are some of the insulting sentences written a prominent member of the profession, whose whole offense seems to have been a request for information."

Medical Colleges of Washington.

All of the medical colleges of this city have now extended their courses of study to four years. Most of them have been active during the summer months in improving their college buildings and in getting ready for anticipated increased attendance this fall.

The Medical Department of Columbian University has made arrangements during the summer for improved instruction in practical laboratory work in chemistry, histology and bacteriology. The college building has been completely renovated ; new laboratory-rooms and a reading-room have been provided, and extensive additions to the apparatus have been secured. New chairs have been put in the amphitheatre. The whole building is now supplied with electric lights. The dean of this department, Dr. A. F. A. King, says that judging from the number of new matriculants already registered, the class promises to be the largest in the history of the college.

The Medical Department of Howard University now offers special facilities to all students desiring clinical instruction. Before becoming eligible for the degree of M. D. the students of this department must not only attend the regular four-years course of lectures but must also pass a satisfactory examination in each branch of study. The new and handsome amphitheatre has a seating capacity of two hundred. There is also a large microscopical and bacteriological room well equipped with all modern appliances. It is the intention of the authorities to make laboratory work and clinical instruction prominent features of the college course. A new lecture-room and also a new operating-room have been recently provided and furnished for the theoretical and practical teaching of dentistry.

The Medical Department of the National University starts out with bright prospects for the year. Some few changes have been made in the teaching course, while both didactic and clinical instructions will be as thoroughly given as is possible.

The Medical Department of Georgetown University begins the year under most favorable circumstances. The building of this department has just been extensively enlarged. This change was made with a view of giving a more commodious dissecting-room, and better rooms for laboratory work in chemistry, histology, bacteriology and physiology. A library and reading-room for the use of students has also been provided. The laboratory courses may be taken independently of the lectures. All the laboratories are equipped with the latest and most improved instruments and appliances, including an ample number of microscopes of high power.

The Late Dr. W. B. Towles.

Dr. W. B. Towles, Professor of Anatomy in the University of Virginia and in the University of Vermont, died at his residence at Charlottesville, Va., on the night of the 15th of September. Professor Towles was taken ill while delivering the first lecture at the University of Virginia, expiring in a few hours.

It was our privilege to know Dr. Towles, and he always impressed us as a ripe scholar, possessed of varied and useful information. His dignity and courtliness of manner, associated with a strong personal magnetism, drew to him a large following of sincere and unself-

ish friends. He was a most successful teacher, having the gift of making his subject clear and interesting to his students. He was as successful a teacher of materia medica as of anatomy, holding a full professorship of both these branches at the University of Virginia.

He will be missed, not simply because of his magnificent physique and commanding presence; not simply because he was an earnest teacher; not simply because he was a man of varied accomplishments; but because of those rarer, and, we might add, more desirable qualities which made him so dear to all those who knew his real worth. He was a man who discharged faithfully every duty. He was a loyal friend. He was unpretentious and unselfish. He was not only highly esteemed but most dearly beloved. He made friends everywhere and retained them.

Learn to Laugh.

One of our exchanges has a bright editorial on the value of laughter. He well says that a good laugh is better than medicine and that we should all learn to laugh. He also advises us never to cry. He says, "Tears do well enough in novels, but they are out of place in real life."

We are no advocate of croaking or of looking upon the dark side of things; nevertheless we would not advise our readers to keep continually on a broad grin.

If sister falls down stairs and breaks her arm we do not expect the incident to create uncontrollable joy. It is not a good time to get rid of an exuberance of spirits when the doctor announces there is typhoid fever in the family. But our exchange would have us say:

Is the neighbor's house on fire? Laugh. Was our best horse stolen last night? Laugh. Have you just discovered a tubercle bacillus in the family? Laugh. Are you visiting an extremely ill patient? Laugh. Go about laughing. Keep a broad grin upon the face. "Tears do well enough in novels, but they are out of place in real life."

To Save Time.

The traveler in the cable car of this city is greeted with the notice that "Passengers are requested to wait until the car comes to a full stop before attempting to get on or off." If we must wait for a "full stop," we shall of necessity lose quite a "period" of time. We prefer to make a "dash" for the car, risking injury to the "colon" by so doing, rather than utter so many "exclamations" over tedious delays.

Prospectus for Coming Winter.

We take this opportunity to announce to our readers that the principal feature of this journal during the coming winter will be a full report of the proceedings of the Medical Society of the District of Columbia. We shall give full abstracts of each of the papers presented, so far as the authors of the same will permit; while these will be followed by a report of the discussions as fully given as they are recorded by the secretary. So far as the Society will allow we will reproduce other matters of interest to the profession. It is hoped, by this method, to keep all the members of the Society well posted on what is being done at the weekly meetings, and so interest them that the attendance will be greatly increased; and also to so interest others that they may be induced to seek admission to the Society.

Viewed from the Mirror.

Dr. I. N. Love thus discourses in the last number of the *Medical Mirror:*

Washington has for long been noted as the "City of Magnificent Distances," and evidently the local profession is disposed to meet the necessities of the

situation, as the local societies have been largely engaged recently in the discussion of "Defective Eyes" and "How We Judge Distances." Dr. E. Oliver Belt read a paper upon the first topic at a recent meeting of the Washington Medical Society, and Dr. C. H. Stowell, the entertaining editor of the REVIEW, handled the latter subject skillfully. The central idea of the paper was that as the lens of the eye had to change in shape for near and distant objects, and as this change was brought about by the action of the ciliary muscle, so the degree of contraction of that muscle would give us an idea of the distances of near objects from us. We were enabled to interpret this degree of contraction by our "muscular sense." It is the use of this sense that enables us to judge of the weight of bodies.

Visiting physicians at various conventions in Washington have been afflicted with a painful and inconvenient looseness of the bowels, which they were disposed to attribute to the local supply of drinking water. Says Dr. Stowell's REVIEW:

"Knowing something of the impression abroad on this point, Dr. S. S. Adams, Chairman of the Committee of Arrangements of the Pan-American Medical Congress, requested an official analysis of the Potomac water. The official chemist of the District says he does not believe there is any better water in the country. He reports the following analysis:

Total solids	125.
Nitrogen as:	
Free ammonia	.0200
Albuminoid ammonia	.0661
Nitrates	.000
Nitrites	.6
Oxygen consumed	1.64
Chlorine	4.7."

The *Mirror* suspects if the truth were known, that the trouble has been not with the water, but with the visitors themselves, who, in consequence of irregular eating, late hours, and exposure to unusual conditions, are knocked out, as it were, by demoralized nerves and riotous intestinal tracts.

"A Physical Dictionary."

Dr. Johnson Eliot of this city has a rare dictionary in his possession. The book came to him from his father, who obtained it, we should judge from a record on a fly leaf, from Dr. James G. Combes. The dictionary was edited by Stephen Blancard, M. D., "Physick-Professor at Middleburgh in Zealand." It bears the date of 1684, and is one of the most interesting books we have recently had the pleasure of examining. We notice some very queer definitions. We are told that "bacilli are those medicines which are of a long, round figure like a stick or pillar." Caries is "the corruption of the bone from the continual afflux of vitious humors, or from their acrimony and malignanty, or from an occult quality." Cardiacum is a "medicine which puts the blood into a fine gentle fermentation whereby spirits formerly decayed are impaired and invigorated." We are told that the cause of erysipelas is a "serous sweating, which is sharp and sulphurous and flows from the fibers themselves." The ethmoid bone is full of little holes "to receive the serous and pituitous humors from the soft pappie processes of the brain." A new cause for the itch is given; it is caused by "saline fixed particles, pricking the skin, and kept in by others more retentive which cannot exhale." In the preface we read that the whole work has been done with such acuteness and pains "that the like has never yet been extant." It is a very rare and interesting old book and Dr. Eliot is to be congratulated upon having it in his library.

THE PROGRESS OF MEDICINE.

A Family Laxative.

Physicians are not in practice that a large number of physicians are prescribing it. Viewed from the narrowest and most selfish standpoint the physician will lose nothing by recommending such a preparation as Syrup of Figs to his patients; while viewed from the highest standpoint of doing the best possible by those who place themselves in our care, we would say the profession cannot do better than to give their indorsement to such a preparation.

inclined to recommend self-medication to the laity. Yet there is one need which they are almost unable to supply. We refer to "the family laxative." The family physician is able to prescribe for the most complicated and obscure maladies and yet is often puzzled to know just what to give when asked for a remedy that can be kept in the house for family use as a laxative, that shall be effective, free from danger, and not unpleasant to take. When absent on our summer vacation we were asked by four different parties, representing as many families, what we thought of the "Syrup of Figs." Not one word did we volunteer on the subject, and we were somewhat surprised to find that there was this small token of the very general use of that preparation. These parties said they derived more benefit from it and found it more pleasant to take than anything of the kind they had ever used. The simple question with them was, is it a dangerous compound? We informed them that its active ingredient was a preparation of senna and that it was entirely free from danger. With this assurance they volunteered the information that they should continue to keep it in the house. The therapeutical properties of senna are so well known that comment on this seems unnecessary. It might be well to notice, however, that Bartholow says it is "a very safe and serviceable cathartic," and that it is "highly prized as a remedy for constipation." He also makes the important observation that its use "is not followed by intestinal torpor and constipation." The simple truth of the matter is, we have altogether too few preparations which we can recommend to our families as effective laxatives. But the California Fig Syrup Co. has one of the most desirable combinations for this purpose with which we are familiar. The Fig Syrup Co. gives to the profession the composition of this preparation, therefore there is no secret about it; the persons who use this laxative speak in the highest terms about it, and we are pleased to

Visitors at the World's Fair.

A friend of ours who has just returned from his visit to the World's Fair says that one of the most interesting things he saw there was the great variety of human nature as exhibited at almost every turn. He could not understand why any one should go to Chicago to stand for an hour by the side of a camel when the same animal could be seen in the street parade of almost any menagerie. He further remarked that he noticed one woman in particular, standing in front of the drug exhibit of William R. Warner & Co., gazing intently at their magnificent display. The question was submitted that possibly she was "taking in" some of his pink sugar-coated pills! Our friend did not tell us whether this intent gazer was thinking of the future, while thus dreaming, or whether she was calling up some recollection of the past!

This reminds us that we would like to ask Mr. Warner whether the beautiful statue of Mercury which surmounts his exhibit was placed there because it was a handsome piece of work in itself, or because it carried with it the name of Mercury? and, if so, would Mr. Warner have us understand that far above all tablets, fluid extracts, effervescent salts including bromo-soda, and even above the flat, oval and pink pills, stands the symbol for calomel, one of the oldest and one of the best of all drugs?

Malt Extract.

Extract of Malt is no longer an official preparation—at least it will very soon not be, as it is one of the dismissed articles from the Seventh Decennial Re-

vision of the United States Pharmacopœia. Why this is "thusly," when it is an article of so much therapeutic value and so largely used, it is not within our province to say. It looks to us as if the Revising Committee were either perfectly satisfied with the quality of the present commercial supplies, or that they despaired of describing or defining the product in such a way as to permit of easily-applied tests for limitation and verification of the standard by the ordinary druggist. If the former supposition be the correct one, we surmise that Parke, Davis & Co.'s Extract of Malt was one of the brands on the market that they found to respond to every test, both as to diastatic strength and palatability.

There are extracts of malt which will scarcely effect the conversion of starch, but these we need scarcely say are worthless in the treatment of carbohydrate indigestion, although they may in palatability be perfectly acceptable. It is almost out of place to speak here of the many uses to which a good extract of malt may be put, but probably the most frequent occasion is in handling cases of ovarian troubles, with the very common indigestion accompanying, that of the starchy foods in particular. Extract of Malt (P., D. & Co.) will prove itself an efficient agent wherever the natural fluids are showing themselves to be unable to accomplish starch conversion, and its present high standard of activity in this direction may be depended upon even after the official guardianship of the Pharmacopœia is dissolved.

Carbolic Acid; a Powerful Germicide.

It is not surprising to those who have kept pace with the progress of antiseptics to hear Sir Joseph Lister, after twenty years of investigation and experiment, declare his renewed allegiance to carbolic acid, as he did in a lecture January, 1893, at Kings College Hospital in London, reproduced in a late number of the *Annals of Surgery*.

Carbolic acid is not only a more efficient surgical germicide than corrosive sublimate, but it is much more efficient in cleansing the skin. It has a powerful affinity for the epidermis, penetrating deeply into its substances, and it mingles with fatty materials in any proportion. Corrosive sublimate, on the other hand, cannot penetrate in the slightest degree into anything greasy; whence those who use it require elaborate precautions in the way of cleansing the skin. All of this is unnecessary with carbolic lotion. Sir Joseph does not even use soap and water, trusting entirely to the carbolic acid.

There is a new product of phenol and boracic acid, known as Sennine, in which has been mitigated the pungency of carbolic acid, disguising its odor, and greatly supplemented its efficiency by its combination with boracid acid, which, although admittedly slower in its action, is nevertheless unsurpassed as a true germicide.

Sennine is inexpensive; nonpoisonous; and free from unpleasant odor. It is safe internally as well as externally.

Clinical Value of Kumyss

At the meeting of the Pan-American Congress recently held in this city a paper was read by J. Mount Bleyer on the Clinical Import of Kumyss. The object of the article was to show the great value of kumyss in all cases of "tissue starvation"; in convalescence after fevers; in wasting diseases; and especially in cases of diphtheria. Dr. Bleyer has found kumyss of the greatest value. He reported a number of cases showing its reconstructive power. The author says that sometimes kumyss was not well borne, but if made from the powdered form, known as Kumysgen, it never gave any trouble. He regards it as easy of digestion, most palatable and highly nutritious. The Kumysgen is manufactured in powdered form by Messrs. Reed & Carnrick of New York.

For Valvular Disease.

A favorite prescription of Dr. T. Gordon Kelly of Desford, Leicester, England, for valvular disease of the heart is the following:

℞. Cactina Pillets..... 20
Ammon. carb..... 30 grains
Spts. chloroform..... 1½ drachms
Tinct. columbæ..... 2 drachms
Aqua q. s. Ad..... 8 ounces
M. Sig.—One ounce three times a day.

Dr. Kelly reports the most marked improvement upon this treatment.

The Local Medical Journal.

The late editor of the *Journal of the Americna Medical Association,* Dr. J. C. Culbertson, thus speaks of the local Medical Journal:

"Always first is the local journal. This publication is and should be a little closer in the affections of every doctor than any other, and should have his practical good will and generous support. This support should extend to contributions to its pages, and which may be very brief; but it should be the bounden duty of every one to at least once a year make his offering in this channel. There should never be a debit side in the subscription list of the local journal, for there is never a time when the local journalist is not doing more for his profession than it is doing for him."

Flies and Cholera.

In a recent discussion before the New York Academy of Medicine, Dr. G. M. Sternberg said it had been demonstrated that the dejecta of flies might contain living cholera spirilla, and he had some experience which led him to think flies might have been the means of spreading the disease by alighting upon articles of food, especially meat. In 1867 he was in an isolated camp in Kansas. Some troops from St. Louis were posted on the opposite side of the river and below. The water supply was quite distinct. Cholera, which existed among the troops from St. Louis, first appeared in the butcher of the other camp. Doctor Sternberg and the nurses who attended many cases afterward escaped, and none but the servant girl in the hospital contracted the disease, and she handled the meat.

A Slight Mistake.

This is an instance where a bad cold caused a startling conversation.

There is a joke being told here at the expense of a modest young newspaper man in a neighboring town which is so good it ought to be true, says the *Bristol News.* The young man in question, it appears, was recently invited to a party at a residence where the home had recently been blessed with an addition to the family. Accompanied by his best girl he met his kind hostess at the door, and after customary salutations asked after the welfare of the baby. The lady was suffering from a severe cold, which made her slightly deaf, and she mistakenly supposed that the young man was inquiring about her cold. She replied that though she usually had one every winter this was the worst she had ever had; it kept her awake at night a good deal at first and confined her to her bed. Then noticing that the scribe was becoming pale and nervous, she said that she could see by his looks that he was going to have one just like her's and asked him if he wished to lie down.

The paper came out as usual the next week, but the editor has given up inquiring about babies.—*Medical and Surgical Reporter.*

Status of Hysterectomy in New York.

At a meeting of the Post-Graduate Clinical Society, Dr. H. T. Hanks said concerning the subject of cancer of the uterus: "Cancer of the uterus is receiving much attention to day, and we have arrived at a time when the operation of hysterectomy can be performed for its relief, with a very small percentage of death resulting. There are a number of men in this city who are thoroughly skilled in this field of surgery; at this moment the names of at least ten men occur to me, members of the New York Academy of Medicine, who I believe can do a hysterectomy as well as Martin. It is a common operation. I saw Dr. Kelly of Baltimore do two hysterectomies and one hysterotomy in one day. Several of us have done this operation twice in a day. It is a great satisfaction to know that we are doing this work as well as it can be done in England, Germany or France. Of course there are many men throughout the country who do the operation very poorly. They take a course at one of the post-graduate schools, see a few operations at Bellevue, Roosevelt or the Woman's Hospital, and then go home and try their hand at it. I know how difficult I found my first vaginal hysterectomy, and how easy it seems now. I distinctly remember how hard it was for me to do my first suprapubic hysterectomy. As our experience with these cases grows, the operation

becomes easier. If the specialist sees these cases early enough, the operation can be safely done. Following vaginal hysterectomy, there should not be over two per cent mortality, nor over four per cent following the supra-pubic operation."

The above we take from the *Medical Record.*

Too Strict Diet for Diabetics.

The *Journal of Balneology* has these valuable comments to offer on the diet in diabetes. It is simply an illustration that we are often inclined to overdo a good thing: The article says it is a trite theraupeutic maxim in diabetes that by withholding starchy and saccharine foods the urine of the patient is made to present less sugar in the test tube. From this result an improvement of the patient is argued. In many instances this is a correct deduction, but there are other elements in a case of diabetes which demand consideration and which the mere reduction of sugar in the urine does not meet. The chief element of importance in the management of diabetics is the necessity of keeping the general health at as nearly a normal standard as is practicable. For this purpose attention to a general hygiene, systematic exercise, bathing, freedom from care and excitement, regular hours, are quite as important as the dietary restriction. It becomes specially important to be cautious with the latter when we have a severe case of diabetes to deal with. Under ordinary conditions in other diseases severity of type would be an indication to greater stringency in the means adopted. In diabetes, however, the experienced physician will be wary in reducing the patient's supply of amylaceous food and limiting him to albuminous nutriment, when he is in the presence of a case that presents a large percentage of sugar in the urine, and especially when great muscular weariness exists. Many a diabetic has gone into a coma after being intimidated into dietary overcaution. It is far better in these cases to allow a moderate quantity of starchy food, and endeavor to counteract its probably deleterious effect by gentle muscular exercise and massage if the patient is very feeble. Rapid respiration has been to the writer a warning symptom to beware of insisting on a pure albuminous diet. Called to a case of facial erysipelas, in consultation, the writer surprised the attendant by advising an entire abandonment of the strict diet, which then consisted chiefly of beef tea and had been strictly albuminous for many months. When the attendant remonstrated that this diabetic lady had a large percentage of sugar in the urine, demanding imperatively dietary restriction, he was reminded that she was rapidly sinking under the treatment pursued and certainly could not be made much worse by a change. Barley and rice soups were administered. The patient relished them and in a few days was thus tided over the danger whose imminence demanded a consultation. When she was convalescent the anti-diabetic diet was resumed and she lived several years afterward.

In mild and early cases of diabetes greater strictness of diet may be enforced with advantage. But in these also attention to systematic exercise, daily measured, if need be, will contribute greatly to the utilization of sugar within the interfibrillar muscular fiber. We thus not only aid in disposing advantageously of sugar that would otherwise be eliminated in the urine, but we further the maintenance of the general health, which is the great guiding principle in the therapeutics of diabetes.

Papoid in Consumption.

Dr. E. A. Wood, ex-chairman of the Committee on Dietetics of the American Medical Association, contributes an article to the Pittsburg *Medical Review* on Papoid in Consumption. Knowing the power of papoid to destroy germs in ulcers and on open surfaces, he says he has employed it in ozena, ulcers of the larynx, and in ulcers and cavities in phthisis pulmonalis. He has used the drug, at first by insufflation, but latterly he uses the glycerole of papoid by the atomizer. After eight months of trial he is more and more convinced of its efficiency in the lesions named. The treatment followed is:

First. Bromide of gold and arsenic in-

ternally, ten drops in water before meals. Second. Depress the tongue that the spray of papoid may thoroughly reach all parts of the larynx. Third. Cause the patient to breathe deeply that the drug may reach all parts of the bronchioles. Fourth. Employ the spray for at least ten minutes at each sitting. Fifth. Use the spray morning and evening. If there is no ulcer the papoid can do no good used as a spray. To obtain the best results the glycerole of papoid should be diluted with an equal amount of alcohol. When papoid is used as a digestive ferment in cases of consumption where there is debility, weak digestion, and the suspicion of congested mucous patches, the drug should not be given in concentrated form, lest it dissolve the weakened tissues. In that case incorporate the papoid with the food before it is eaten.

Treatment of Obesity. In a recent article on this subject, Prof. G. H. Thompson of the St. Louis College of Physicians and Surgeons says he has had the most satisfactory results from the use of the preparation known as phytoline. He reports one case where the patient was greatly improved, perspiration lessened and weight reduced eleven pounds after the use of only two bottles of the remedy. In another case where the patient was troubled with difficult breathing, attacks of vertigo, weak beat of the heart and general anæmia, in doses of ten drops of phytoline six times a day there was the most notable improvement at the end of the third week. The digestion was improved, appetite increased, the heart-beat was fuller and more regular, and there was a considerable decrease in the weight. In another case where the patient was 5 feet 10 inches in height and 240 pounds in weight, with many general distressing symptoms, the condition was greatly relieved even after two weeks' treatment with the phytoline. At the end of two months the patient said he felt as well as ever, having lost over forty pounds and being entirely released from many disagreeable and even dangerous symptoms. Dr. Thompson says he has not noticed any untoward effects of the drug.

Sharp & Dohme We are informed that Messrs. Sharp & Dohme have removed their general offices to 41 John Street, New York. There is to be no change in the personnel of the firm or in their general business policy. New York City presents such excellent advantages for the prompt and satisfactory disposition of business that it is but natural large firms should have their general offices located there. Their recently enlarged and completely equipped laboratory will remain in Baltimore.

Strontium Bromide in Epilepsy. The constantly increasing number of incurable epileptics, both in asylums and at large, occasions an ever-growing demand for new drugs, from which we may at least hope to effect some improvement, in either their physical condition, or a diminution of the number of seizures.

Among the recent applicants for medical favor in this line has been the bromide of strontium (Paraf-Javal), purporting to be a salt free from the impurities of the ordinary commercial article, which render it unfit for continued use, or even poisonous in moderate doses. This statement as to its non-toxic action we have found to be well founded, no evil result having followed 30-grain doses repeated thrice daily, and no case that has been treated with the salt has shown other than beneficial results. Above all we have to note continued absence of a bromide acne (even the disappearance of the rash, though it was present when the use of the strontium was commenced), a very much lessened somnolent effect, the patients without exception appearing brighter and more cheerful under its use than with the sodium salt, and finally certain excitable cases were less quarrelsome after a seizure, than under the everyday treatment ; points all of very considerable value, both in private and asylum practice.—*From a recent number of the Times and Register.*

Bromidia for Insomnia. Dr. T. H. J. Pryce of England reports the case of a patient, age 28, suffering from pneumonia and typhoid blood poisoning (the latter was contracted when in the convalescent stage).

The patient complained of insomnia, when he was put on Bromidia. Even when in good health he had suffered more or less from insomnia, but after having taken Bromidia he slept without difficulty and very naturally, and no headache or constipation followed its use, as was the case when other narcotics were administered.

A Recognition of Merit.

The Franklin Institute of Philadelphia has just awarded the highest prize in its power to bestow upon A. A. Marks, the well-known manufacturer of Artificial Limbs.

It should be borne in mind that the awards of this Institute, accompanied, as they are, by lengthy and elaborate reports, coming from the foremost scientific society in the country, are indisputable evidences of the superiority of the product thus recognized.

The Cudahy Packing Co. will carry on business in the future under the name of the Cudahy Pharmaceutical Co.

Dr. Ohmann Dumesnil, in a valuable article on Herpes Zoster in the *Quar. Atlas of Derm.*, recommends Peacock's Bromides as a nerve sedative when the prodromic symptoms appear.

BOOK REVIEWS.

THE PHARMACOPŒIA OF THE UNITED STATES OF AMERICA. Seventh decennial revision. By authority of the National Convention for Revising the Pharmacopœia, held at Washington, 1890. Official from January 1, 1894. Published by the Committee of Revision, Philadelphia. P. Blakiston & Co., Agents. 1893.

A number of changes have been made in this volume by the Committee appointed for Revision in 1890. We looked at once to see whether any of the new remedies were introduced which are known to be made under patented processes; but we are told in the preface that by vote of the convention they are not admitted. The present pharmacopœia contains nine hundred and ninety-four articles. Ninety of those that were in the last volume have been dismissed, while eighty-eight new ones have been added. Commercial ether and commercial chloroform have been dismissed, and only the stronger and purified articles are retained. The volume consists of over six hundred pages, and is issued from the printing house of the J. B. Lippincott Co. The present work will be "official" after the first of January, 1894. Weights are employed for solids and measures for liquids, both being given in the metric system. As this work is "official," having been adopted as an authority by the Government and by a number of States, that term is now used instead of the previous term, "officinal."

A HANDBOOK OF INVALID COOKING. By Mary A. Boland, Instructor in Cooking in the Johns Hopkins Training School for Nurses. The Century Co., New York, 1893. Pp. 325. Price, $2.00.

This is a handbook for the use of nurses in training schools, in private practice and for all others who care for the sick. It contains lessons on the properties and value of the different kinds of food and recipes for the making of various dishes. The writer says that the ideal life is one in which there shall be no sickness except from accident or natural causes. When we have mastered the ills of hygiene then will such life be possible. But with sickness always in our midst we should endeavor by all means to restore human beings to a perfect state of health. The science of cookery, the author says, is still in the empirical stage. The result of which is that there is a great deal of unwholesome cookery and the consequent injury and waste which must follow. Of course, good dishes cannot be made out of poor materials, but too often poor dishes are made out of good materials. The author concludes that it requires the greatest wisdom and good judgment on the part of physicians and nurses to restore a patient to health without a lingering convalescence. There is no doubt that the period of convalescence may be much shortened by the wise administration of food, and that the subsequent health

of the patient may be either made or marred by the action of the nurse in this respect. This is another of the books offered by *Food* as a premium. It is given to every subscriber of that journal who sends two dollars to the publisher. A sample copy of *Food* will be sent to any address upon sending request to this office.

FOODS AND DIETARIES. A Manual of Clinical Dietetics. By R. W. Burnet, of London. Second Edition. Philadelphia: P. Blakiston, Son & Co., 1893.

We have here a book of 200 pages devoted to a detailed description of clinical dietetics. For some years the author has been in the habit of writing in detail directions for his patients. These are now collected in the form of the book that is before us. The hours for taking food, the quantities to be given at each time, as well as the kinds of food most suitable, are given with great definiteness. We also find here a list of foods and dishes that are unsuitable to special cases. The work is divided into twenty chapters, each chapter being devoted to some particular class of disease. We recommend this book to our readers as one that will give them the very best instruction on this important part of our work. We hardly appreciate, any of us, the great part played by diet in the cure of disease. This is one of the books offered by *Food* as a premium. By sending two dollars this book is given, together with one year's subscription to that journal. A sample copy of *Food* will be sent to any address upon request sent to this office.

ALCOHOLISM AND ITS TREATMENT. By J. E. Usher, M. D., Fellow of the Royal Geographical Society of London, formerly Surgeon Superintendent and Medical Officer of Health to the Queensland Government. New York: G. P. Putnam's Sons. 8vo, pp. 150. For sale by Robert Beall, 495 Pennsylvania Ave., this city.

The author writes this work from the standpoint that alcoholism is a disease. With this understanding he first sets forth the pathological changes in alcoholism; the various forms of alcoholism; the relation of insanity and crime to alcoholism; and result of its treatment. The author says that if the hereditary form of this disease could be extinguished; there can hardly be a doubt about the result for the future; and the crusade against intemperance would prove easily victorious. As it is, he says, an alcoholist may hand the disease down to even the fourth generation. The treatment of alcoholism is set forth at considerable length, while much of the so-called gold cure is analyzed and discussed. Drs. Walsh and Bovee of this city are quoted on the question of treatment. The author paid a visit to the gold cure at Dwight, Ill., and reports at length the results of his visit. Speaking of Dr. Keeley he says his methods are very irregular and do not invite sympathy, but his knowledge of human nature has taught him to appeal to the imaginative side of man. But, of course, the whole system of treatment is condemned, and the conclusion is reached that the "use of so-called bichloride of gold cure is not devoid of danger and risk." The book will be found of special interest to all those engaged either in the study of the temperance question or in the treatment of the effects of alcoholic beverages.

THE BACTERIAL POISONS. By Dr. N. Gamaleia, Translated by E. P. Hurd, M. D. Pp. 136. Geo. S. Davis, Detroit, Mich., publisher. 1893.

This is the first attempt at producing a connected treatise on the Bacterial Poisons. The study of bacterial poisons concerns not only the pathogeny of infectious diseases; it finds also practical applications for the prevention and treatment. The study includes that of the chemical poison produced by the microbes themselves. We know now that the lesions produced by these living organisms do not come from the microbe itself but from its chemical poison. The first part of the book is devoted to the evolution which the study of systemic poisoning in the infections has undergone. The second part treats of the actual information respecting the chemical nature of the microbial poison, their production, and their destiny in the animal body. The third part is devoted to special toxicology. It is an exposition of the data acquired concerning the toxines of different diseases.

A NEW MEDICAL DICTIONARY.

A completely new medical dictionary is announced for early publication by Lea Brothers & Co. The author, Dr. Alexander Duane of New York, is already widely known as the medical expert for Webster's International Dictionary. His new work has been drafted

to supply medical students with all desired information concerning the words they will meet in their course of reading, and as the vocabulary has been selected most liberally, the work will be of value to practitioners also. The pronunciation of each word is given by a simple and obvious phonetic spelling; then follows the derivation, an unexcelled aid to memory, and finally a full definition. Descriptive matter has been appended to such words as cannot be adequately explained by simple definition. Thus diseases are described, and their symptoms and treatment are given; drugs are followed by their properties, effects, doses, etc. Extensive tables of bacteria, doses, etc., are placed in the alphabet most conveniently for reference. A work of real value is promised, and we shall take an early opportunity of reviewing it in these columns.

A New Medical Dictionary.

Dr. George M. Gould, already well known as the editor of two small medical dictionaries, has now about ready an unabridged, exhaustive work of the same class, upon which he and a corps of able assistants have been uninterruptedly engaged for several years. The volume is to be profusely illustrated, many of the figures being engraved especially for this work. The chief point upon which the editor relies for the success of his book is the unique epitomization of old and new knowledge. It contains a far larger number of words than any other one-volume medical lexicon. It is a new book, not a revision of the older volume. Notwithstanding the large outlay necessary to the production of such a work, the publishers announce that the price will be no higher than that of the usual medical textbook. The dictionary will be issued by the well-known house of P. Blakiston & Co.

Missouri State Medical Directory; Containing a careful revised list of Physicians, Dentists and Druggists, together with the Colleges, Hospitals, Societies and Medical Journals of the State, arranged by counties for convenience of Society Secretaries. Pocket size, 120 pp., cloth, gold embossing. Published by The Medical Fortnightly, 1006 Olive Street, St. Louis. Price, $3.00, postpaid.

The *Fortnightly* does not sleep very many hours during the day, if we may judge from its progressive style. While through its pages we become familiar with the chirography of many noted men, yet we wish we could become more familiar with that of the chief editor himself. We congratulate our welcomed exchange on the neatness and style in which this Directory is issued.

Reactions. A Selection of Organic Chemical Preparations Important to Pharmacy in Regard to their Behavior to Comm nly Used Reagents. By F. A Flückiger, Ph. D., M. D. Authorized English edition. Translated, revised and enlarged by J. B. Nagelvoort, Analytical Chemist to the Pharm-Chem., Laboratory of Parke, Davis & Co. [With portrait and autograph letter of the author.]

It is useless to make any comments on any work that proceeds from the pen of such a master as Professor Flückiger. It is only necessary to the fact that he has placed additional experiments on record in order for them to be received as a final authority. The volume before us is more than a simple translation, it is a revised and enlarged edition of the German text.

Gray's Anatomy.

The thirteenth edition of this standard work is soon to be issued by the well-known publishing house of Lea Bros. & Co. It is to be issued with or without colored plates. About the time this journal is issued the medical colleges of this city will begin their work for the year. We would simply call attention to the fact of the early appearance of this standard work in order that the medical student may not be in haste to purchase his Anatomy until he has an opportunity of examining this recent edition. It is promised within a few days and we are sure it will be worth the while of the student to await its coming.

Sharp & Dohme's Price List.—This is the latest price list from this prosperous house. It consists of over 120 pages and is in a convenient form for reference.

Agents for the F. A. Davis Co.—We are in receipt of a notice from W. H. Lowdermilk & Co., 1424-26 F Street, of this city, announcing that they have been appointed agents for all the publications of the F. A. Davis Co., of Philadelphia. They will hereafter carry a full supply of the books of this company. They cordially invite all physicians to call and examine what they have.

THE
NATIONAL MEDICAL REVIEW.

VOL. II. WASHINGTON, NOVEMBER, 1893. No. 9.

CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

We Are Profoundly Grateful.

There is a time in the life of each person when he is so completely overcome with a deep sense of gratitude that he finds no words capable of expressing his feelings. There are other times when he feels so humbled in the presence of some great master that he would keep his eyes cast down to the ground. It is with some such profound feelings that we attempt to express our gratitude to the great master who recently visited us from across the sea.

Never having had the advantages of living in the same country with titled royalty, and never having been taught to believe that one man was created so vastly superior to another, we feel greatly honored in having the opportunity of gazing upon the face of one who wields the editorial pen of the greatest medical journal in the world. The celebrated editor of the *British Medical Journal* condescended to pay us a visit and teach us the alphabet from his mighty book of learning.

We wish to express our gratitude to our British visitor for telling us how we should behave toward our brother practitioners and for informing us that we should always treat each other as gentlemen. We are glad that we now know how to conduct ourselves toward those of other schools of medicine. It is so satisfactory to know how we can make the American Medical Association nearly the equal of the one across the water. It will be our fault now if we do not excel that old and distinguished body.

The address which Mr. Hart gave in this city before the Pan-American Medical Congress is just such an one as would be expected from a person who enters his name on the register of his hotel as follows: "Ernest Hart, F. R. C. S., D. C. L., London, Editor British Medical Journal, Dean of St. Mary's Hospital." Of course, anything coming from so many letters of the alphabet must carry immense weight with it.

It is probably the custom of his country for members to attend meetings of scientific bodies to which they were not invited and of which they are not members. It is also probable that they are accustomed to take issue with statements made at such meetings, and notwithstanding the earnest protestations of the presiding officer insist upon having their views recorded in the minutes of the proceedings. We presume it is also customary for invited guests to perform that gentle part at social gatherings which was so marked of our distinguished visitor. We are glad that Mr. Hart has left a few electros of his modest face together with some unpretending remarks about his humble career.

We trust that the profession of this country will not allow another opportunity to pass without procuring the services of this counselor. We trust that each State Medical Society will procure his services to give an address on "the relations of man to man" and also on "the laws of common etiquette."

If any of our readers do not know the facts upon which the above remarks are based they might obtain them by corresponding with the Secretary of the Psychical Research Society, concerning its Chicago meeting; or with the Commissioner of Health of Chicago, who is so profoundly impressed with the modesty of his English guest; or they might correspond with the secretary of some of the sections of the Pan-American Congress; or they might write to any person who heard the address in Albaugh's Opera House of this city; or ask any one who was present with this visitor on some of the excursions about this city; or ask the manager of the Arlington, who finds his distinguished guest departed without settling a bill of twenty-two dollars a day, plus an extra bill for wines and cigars; or consult one of our local photographers, who sold some goods to his eminence and was told to charge the bill to the "Congress," where it was still charged at latest accounts; or write to the man who was obliged to sleep in an upper berth to Chicago as the lower had been unceremoniously appropriated by our distinguished visitor.

It might be well for a few of our exchanges to bear the above in mind, and to write to this city for more facts, if necessary, before they proceed further to eulogize the person referred to.

In conclusion we would say that we are glad we know as much as we do; for now we have less sympathy than ever with those who cater to that element which thinks that anything "imported" is so far superior to the products of our own soil. The autocratic, despotic, conceited and self-important character of this latest importation has had a most wholesome effect, and we believe that many Americans feel more than ever before that the most learned, most gentlemanly, most patient, and most enduring persons are found on our own soil.

Opinions From Abroad.

Not opinions from across the sea, but opinions from other cities: What are they? We clip the following from the *Buffalo Medical and Surgical Journal* in reference to Mr. Hart's address:

"It seems a pity that the otherwise harmonious proceedings of the Congress should have been disturbed by such an address. However much we may be willing to tolerate a discussion on ethics in our local societies, we have always held that a National or International Congress was not the place to deal with this question. It applies entirely and totally to the local societies, and Mr. Hart makes a mistake when he comes to America and drags in such questions gratuitously, as he did both in Milwaukee and in Washington."

And later, we note the following:

"'Ernest Hart, F. R. C. S., D. C. L., editor of the *British Medical Journal*, Dean of St. Mary's Hospital.' This is the way, says Dr. Hammond in the *New York Medical Journal* of September 16, that it appeared on the register at the Arlington Hotel. Then Mr. Hart proceeded to read a lecture to the American medical profession on ethical morals in which he deprecated so-called advertising in the newspapers, through the publication of interviews and photographs, and especially did he consider it wicked to consult with homeopaths. A very Daniel come to judgment!"

From the *Texas Medical Journal* we quote:

"Mr. Ernest Hart, while the guest of the American Medical Profession, was guilty of many things that, from an American standpoint of professional ethics, were unbecoming one so distinguished. Dr. W. A. Hammond, in a letter to the *New York Medical Journal*, gave him an excoriating that it did one's soul good to read, and which must have made Mr. Hart feel that he had made an unmitigated ass of himself. Dr. Hammond had a good subject for his caustic pen, and he handled it, if not exactly in a manner to the Queen's taste, very much to our liking."

Some Interesting Correspondence.

In the New York *Herald* for October 11 was an article on the correspondence that has taken place between Dr. Wm. A. Hammond of this city and Mr. Hart of London. This correspondence has been carried on entirely through the columns of the medical press and, in some way, must have been brought to the notice of the reporter of the *Herald*. The article was without weight, except that it closed with an "interview" with Mr. Hart. In this interview Mr. Hart is reported as charging Dr. Hammond as being "a private physician who makes public the facts of his practice." As such a charge is evidently libelous, Dr. Hammond immediately directed his New York attorneys to look after the matter. We here submit the correspondence between the attorneys and Mr. Hart, with the remark that it is very strange how a newspaper reporter even could invent such a charge without suggestion from Mr. Hart:

DR. ERNEST HART,
Waldorf Hotel, New York City.

DEAR SIR:—We received this morning a letter from Dr. William A. Hammond of Washington enclosing an article taken from the New York *Herald* of Wednesday, October 11, containing the report of an interview with you at the Hotel Waldorf the evening before, wherein you charge Dr. Hammond, among other things, of being a "private physician who makes public the facts of his practice." This statement by you is libelous without any doubt, and it is surprising that a physician and a gentleman of your eminence and reputation should have so far forgotten himself as to make any such unjust, untruthful and libelous statements. Our instructions from Dr. Hammond are to write you demanding an immediate apology, which doubtless upon considering you will willingly and fully make to undo, if possible, the damage to Dr. Hammond's reputation which such statements coming from you must have already done.

We are further instructed by Dr. Hammond that unless you make to him or to us, on his behalf, a written withdrawal and apology of the statements purporting to have been made by you at the interview referred to, to at once commence proceedings against you to recover exemplary damages in the amount of $50,000. In order that you may be fully advised of the exact statements complained of, we enclose you the article sent us by Dr. Hammond for your perusal, and we shall expect to receive from you your written apology and retraction this afternoon; otherwise, according to the instructions of our client, we shall be constrained to take such steps in the matter as we see fit.

Yours very truly,
REDDING & KIDDLE.

DR. HART'S REPLY.

Messrs. REDDING & KIDDLE.

GENTLEMEN:—I beg to acknowledge receipt of your favor of this date.

I have never stated to any one that Dr. Hammond "is a private physician who makes public the facts of his practice," nor have I ever authorized any one to make the statement on my behalf.

I am, gentlemen, faithfully yours,
ERNEST HART.

We imagine Dr. Hart will have some difficulty in reconciling this letter with

his published interview in the *Herald.* But that he is competent to do it we do not doubt.

The Pan-American Medical Congress.

It is interesting to read the editorials of our various exchanges with reference to the Pan-American Congress. "It was a grand success; it exceeded the greatest expectations of its friends; the number in attendance was much larger than expected; everybody had a good time, and the entertainments were brilliant." But not all of our exchanges read in this way. Here is a sample of the other style: "So far as attendance is concerned, it was much less than expected; there were a few foreigners present; a fair sprinkling of the local profession, and that was about all." "The meetings were slimly attended; there was a lack of enthusiasm, and some of the leading men of the East failed to put in an appearance."

The editor of the *Cincinnati Medical Journal,* however, seemed to have had the hardest time of any one. He must, indeed, have fallen into hard lines, for he has some very harsh things to say about our hotels. He thus expresses himself:

"The hotels served as good accommodations as it is possible for Washington hotels to serve, which everybody who has ever stopped in Washington knows are about the worst that any city of this country can produce for the enormous rates that are charged at the Capital. This fact should be borne in mind by the committees in selecting places of meeting for future conventions, and Washington should be given a wide berth for the reason that the pleasure and profit of attending these meetings is greatly marred if we have to walk up to the cashier's window with our pocketbooks in our hands together with a blank and signed check to offer in the settlement of our bills. As an example of the exorbitant charges we would like to say that we had a room on the top floor, occupied by two persons, ventilated by one small window that was hardly large enough for the traditional Jersey mosquito to crawl out through, a very ordinary table, miserable service at all times, particularly in regard to obtaining bell boys, a luxury which we found required entirely too much time to be indulged in, and the mild request that we deposit the small sum of five dollars and fifty cents per day for the use of this alleged hotel. When we ventured to make some remark upon this method of robbery, our attention was called to the fact that we had a bath and this same room rented for eighteen dollars a day during the season. Lord help the pocketbooks of those who stop at this hotel during 'the season.'

"This hotel enjoys the distinction of being about the best in Washington. If this be the case, then the victims who are unfortunate enough to fall in the clutches of the hotels which are any worse than this have our heartfelt sympathy and pity."

It is probable that this editor is in the habit of putting up at hotels where the best rooms with board and attendance are quoted at $5.25 per day. He thinks that for $5.50 per day he should have Patti to sing to him, Frances Cleveland to talk with him and the Marine Band to escort him from place to place. But we would inform our editorial friend that none of the hotels in this city furnish the above three desirable extras for less than $6 a day!

Newspaper Interviewing.

When the ethical editor of the *British Medical Journal* condescended to pay the profession of this country a visit, among the words of advice he gave his poor children of this country were those

to the effect that no physician in good standing would allow himself to be interviewed by the newspaper reporter. In some articles on cholera which he has given to the public from time to time through scientific channels he has repeatedly stated how necessary it was that the common people be not frightened at the approach of cholera; for such fright does much to increase the fatality of the disease. We are told that, as professional men, we should avoid discussing the subject through the public press. Therefore, our readers will probably be somewhat surprised to learn that in a late number of *Kate Field's Washington* is a lengthy interview with said luminary. It is headed "Dr. Ernest Hart Discusses Cholera." We see no impropriety in such an interview; it certainly shows journalistic enterprise on the part of Kate Field. The article itself is interesting and, in the main, valuable to the public. But we call attention to it in this connection to show the consistency of the man who will so preach against the very thing which he practices.

Free Dispensaries and Young Doctors.

No one will for a moment deny either the necessity or the good work of free dispensaries. We must have them and they accomplish great good. But, unless unusual care be exercised on the part of those who have them in charge, serious wrong will be done both to the patrons of the dispensary and to the younger members of the profession. It is assumed that the older members of the profession have their select practice which is not disturbed by the existence of these places for free treatment. It is also assumed that the great majority of the younger members of the profession have to depend upon their practice for a livelihood. It is again assumed that those who are directly connected with free dispensaries get much desirable experience from such association and, besides, get an acquaintance which will eventually be of much value to them in their private work. But we speak now for those who have been but a few years in professional work, and who have, as yet, no established, settled incomes from their practice.

We wish to ask if it is right that persons be treated at these free dispensaries who are abundantly able to pay a physician for his work and who would do so willingly were it not for the existence of these dispensaries? We know of a number of facts in this connection which may be surprising to some of our readers. One physician informs us that the existence of the Emergency Hospital, as conducted at present, means a loss to him of at least one hundred dollars a month. From this one physician we learn of a number of cases, of which the following are samples: The doctor was treating a woman for some affection of the eyes and received prompt pay therefor. A neighbor told the woman she should go to the Emergency Hospital, where she would get equally good treatment for nothing. This the woman did and the doctor did not know what had become of his patient for some time. This woman owns a house in this city which rents for twenty-five dollars a month and also owns two lots in Brookland. Another case: A man fell from a wagon and hurt his arm; he was immediately lifted back into the wagon and was taken at once to the Emergency Hospital, which was a considerable distance off. Although four physicians were within one block of where this accident occurred, no effort was made to call upon them. The man had his arm dressed at the hospital and was directed to come again regularly for other dressings. At the time of the accident the

man had two hundred dollars in his pocket! Another case: A young man was being treated for some trouble for which he paid two dollars in cash at each visit. One day there was an accident whereby he had a wound of the scalp. He immediately went to the Emergency Hospital, where the wound was dressed and where he continued to go until the wound was healed. He was both able and willing to pay a physician, but so long as he could get such good service free why not take advantage of it?

Another instance where a young physician was deprived of a bill is as follows: A young man had his arm injured in a printing office. The proprietor of the office sent twice for a certain young physician. Not finding the doctor in his office the injured person was taken to the Emergency Hospital, where his arm was properly dressed. This is precisely as it should be. After dressing the arm the young man was taken to his home, where he remained until fully recovered. *But a physician from the hospital continued his visits to the home of his patient.* Once he met the young physician who was first called to the case, whom he asked to accompany him while he—the hospital surgeon—dressed the arm. But the young physician refused to accompany him. The proprietor of the printing office told this young physician that he paid the hospital surgeon twenty dollars for his services. It was a clear case where twenty dollars was taken from the pockets of a hard-working young physician. This doctor declares that, after the first dressing, the patient should then have been turned over to him.

These are but samples of cases that have come to our notice. A physician informs us that a large number of cases seen at the Emergency Hospital on clinic days are better clothed than he is able to be. Now it seems to us that this is not only doing wrong to the younger members of the profession but it is also aiding in educating a certain class of the community to dependency. When persons begin to feel that they can get something for nothing and begin to take advantages of such opportunities, they are being educated in the most undesirable way. We say, therefore, that the giving of professional services to persons able to pay for the same is doing wrong both to the patient and to the profession.

We are not criticising the existence of an emergency hospital; such a hospital is greatly needed and is doing most noble work. But, we would ask, are those connected with said hospital using every effort in their power not to treat patients who are abundantly able to pay, except in cases of emergency? Why treat cases continually after all emergency has passed and thus deprive some physician of the financial aid which he so well deserves? It is too often the case that dispensaries work great wrong to the younger members of the profession and we would ask all those who are connected with such dispensaries or hospitals to do what they can to check the great evil. If persons are able to pay physicians for their services, is it right that they should be allowed to take advantage of free service?

Address of Dr. J. Ford Thompson.

The address at the seventy-second opening of the Medical Department of the Columbian University was delivered by the Professor of Surgery, Dr. J. Ford Thompson. After bidding the students welcome, Dr. Thompson paid a touching tribute to the life and services of the late Dr. William Lee. Attention was then called to the increased facilities offered by the department. Dr. Thompson then reviewed the

history of the College and in connection with this spoke of the great advance made in the science of medicine. In speaking of the increased number of lecturers on special subjects Dr. Thompson touched upon the question of specialties; and later took up the subject of preliminary education. We make the following extracts from the address:

"You will bear in mind that there is no intention of making specialists of any of you in the curriculum adopted, but merely to round off your professional education in a way to best fit you to become useful and accomplished physicians. No student, however advanced he may be, or however thoughtfully he may plan for the future, can form anything like a correct notion of what that future may be. It should take years of practice, or post-graduate facilities, before one should feel justified in assuming superiority in branches which have been taught to all alike. Indeed, this whole question of specialism, in which you will become, sooner or later, interested, is a large one, occupying much of the thought of the age, with a growing impression that it is being overdone; or at least that it requires vigilant supervision to prevent its degeneration into something akin to quackery. Its growth has been most remarkable, as you will see when I tell you that in the beginning of my professional career, and for some years after, there was not a specialist in this city, and few, if any, in the country, whereas now their name is legion, many of whom being young men scarcely out of their teens, with all the airs and pretensions of wisdom, with but limited training or experience. No one will deny that much good has been accomplished by the innovation and that there has been, in consequence, a general advance all along the line, but I think there cannot be a reasonable doubt but that its wonderful strides to the front are explainable by the fact that its founders and leaders had already become distinguishable as practitioners or had enjoyed exceptional advantages under the guidance of such. I do not wish to convey the idea that I entertain any prejudice against specialism in itself, having some pretensions in that line myself, but I wish simply to impress upon your minds the necessity of striving with all your might to absorb and digest the whole science of medicine as it will be presented, without thought of any particular subject, to the probable neglect of others."

"There is one other point that I would like to dwell upon at some length if time permitted, for it is one of vast and ever-increasing importance to the future standing of our profession in this country—it is the preliminary education that shall be insisted upon as a prerequisite for matriculation. There is a general consensus of opinion that, in this respect, we are absolutely lenient and far behind the spirit of the times, as we are of our brethren of most other countries whose doings are under the supervision of governmental legislation; for, notwithstanding the laudable efforts many of our institutions of learning have made toward the higher endowment of the student, I believe it is universally admitted that our classes have not reached the superiority over the older ones that was anticipated, and the only rational explanation of this fact seems to be the insufficiency of early mental training, which is almost as apparent now as formerly.

"The relative proportion of college men has not increased, though there is thought to be a higher average, upon the whole, toward a better preparation. Now, this would seem a rather humiliating admission in this age and country where

education, at least to a degree above our present entrance examinations, is as free as the air we breathe and open alike to all. We cannot, as yet, ask the degree of bachelor of arts from our applicants, or its equivalent, as is done, for example, in Germany, but we have the right, indeed it is our bounden duty, to make these examinations as strict and thorough, that all shall be excluded who are found wanting in proofs of previous inclination and ambition of becoming worthy of the high honor and position the degree of doctor of medicine confers. Our tests, in truth, are all too moderate, but rest assured that the time is not far distant when every medical school of the land will be compelled, by self-interest or otherwise, to adopt measures and precautions which shall guarantee to every graduate the consideration and respect to which he should be entitled as a member of a learned profession in fact as well as name."

Where Do You Send Your Articles?

The busy practitioner has neither time nor inclination to read everything that comes to him in the way of medical journals. When a sample copy of a journal reaches him he is likely first to notice from what city it is published. If it be published far from his home he runs hastily through its pages to see if there are any original articles by men whose reputation is such that they speak with authority, or he looks for articles upon subjects in which he is especially interested. The chances are that he will find neither of these and the journal is cast aside. Should, however, his eye notice the name of a doctor whom he recognizes as an acquaintance or a neighbor, he will quite likely read all that doctor has to say, whether he attaches authority to it or not, and even if the subject is not of especial interest to him. The man who lives in New York finds nothing especially interesting, as a rule, in a journal published in Omaha or San Francisco; neither does the Richmond physician get much good from reading a journal published in Detroit. But the case is altogether different with the local journal. When an article or statement of any kind appears, the one who reads it recognizes the author by what he says, and he is pleased to learn what his friend or neighbor has to say on that particular subject. This country is so large that the author may have a well-earned reputation for many miles about his own home and yet be apparently unknown outside this circle. Any statement from this man will carry great weight with it for all those who reside within the aforesaid circle; but it will have no more than a passing notice to the great majority who reside at some distance. If any of our readers will think for a moment how they treat the journals which come to them we believe they will find this statement substantially correct. The lesson to be learned is simply this: If you have anything to say on any subject, send it to your local journal, where it is sure to be read by just that class who would appreciate it. Do not send it to some distant journal even of much larger circulation, where, so far as any interest it may create is concerned, it might just as well never have been written at all. These thoughts come to us as we read an interesting editorial in a late number of the *Pacific Medical Journal*. The editor says:

"It is, therefore, safe to say that an article by a local writer published in a local journal will ordinarily, first, be read by several times more people than it would be if published in the most widely distributed journal of general circulation; second, that the article will be much more carefully read; third, that the impression will be at least a dozen

times as permanent upon the readers and the medical world, and therefore, in this much, do a greater service to humanity, and, fourth, afford an equally greater degree of credit to the writer himself, and this in his own country and among his own neighbors, and practically all of them."

The New Homeopathic Medical College.

We have been favored with the first announcement of the National Homeopathic Medical College of this city. We glanced over its faculty to notice whether any of the more prominent members of the Homeopathic school are represented. Although we are not extensively acquainted with the members of that school of medicine, yet after a residence of a number of years in this city it would be supposed we would have a fair knowledge of those most prominent. And yet there are but two names on the list with which we are at all familiar, and one of these was a regular physician until this opportunity of becoming a "Professor" was presented to him. We notice that the requirements for matriculation consist in passing an examination in English composition, which consists of an essay of not less than two hundred words; arithmetic; and a sufficient knowledge of Latin to show a fair appreciation of scientific terms and formulæ. Under "requirements for graduation" we are astounded to read that the candidate "must have successfully pursued the study of medicine for a period of four years, the last of which must have been in this college." This is one of the most ambiguous sentences we have seen in a long time. It is capable of being extended or contracted to an unlimited degree. But a plain interpretation brings us to the conclusion that a person may engage in the study of medicine for a period of three years at any place and in any matter, if only the last year be spent in this college. According to this it will only be necessary for the aspirant to a medical degree to register as a student with any person and at any place for a period of three years. He may then come to this college, write an essay of two hundred words, pass an examination in arithmetic and latin and at the end of the year receive his diploma. Of course it will be necessary for said student to pass a "satisfactory examination of all the studies in the curriculum." But our acquaintance with some of the members of the faculty is such that we would not be afraid to recommend all young men "over twenty-one years of age and of good moral character" not to tremble at the test. One of the professors who holds a most important chair in the college was for a long time an agent in this city for drugs, and our readers will recall him as a frequent visitor at their offices. He declared that this was necessary because of his inability to make a living at the regular practice of medicine. We next hear of him as sending in his resignation to the Medical Association of this city in order that he might affiliate with the opposite school. But we have already taken too much of our space with a consideration of this subject, for it is altogether probable that before our readers have an opportunity of seeing what we write the college will have reached such an extreme attenuation that the most minute chemical and physiological research will fail to detect its presence.

The Woman of Stone.

We do not mean the beautiful Galatea who has interested so many readers and who has awakened the liveliest curiosity among those who have seen her turn to stone at the seaside resort, "all for twenty-five cents!" We refer to the "beautiful woman turned into

stone" whose owners do not claim she is of the fickle sort, but having once become petrified she remains in that condition. Handbills distributed generally throughout this city during the past month have told of a "wonderful petrifaction" on exhibition on the Avenue. The mind naturally turns to the Cardiff giant and other curiosities of this same sort; but we are assured this petrified woman is a genuine human body, petrified. There seemed to be no room for doubt on this point because there follows this announcement a long list of physicians from all parts of the United States testifying that after the most careful examinations they regard the petrifaction "as genuine and of unusual perfection in its anatomical and physical preservation." In order to make the testimonials complete there are both chemical and microscopical examinations reported. George W. Peck, M. D., of Omaha, Neb., has examined a section of this petrifaction and declares that he "found blood corpuscles and epithelial cells in almost their original perfection." J. M. Saunders of Oxford, Ohio, made a microscopical examination and discovered "dermatoid tissue, fat cells, and hair showing root and pigment, muscular fibers, and the channel of a vein." Persons in this city who examined the beautiful woman state that the teeth were of ivory whiteness and that even the fine texture of the skin was clearly seen. Physicians, microscopists and chemists without number have all testified to the genuineness of the exhibit. The proprietor thought he would like the testimony of some of the men connected with the Smithsonian Institution of this city, and, if possible, get a testimonial from them. At the proper time said officials were on hand and with stone augers went thoroughly to work to get to the very center of things. But lo, and behold, the report of this body of experts says that while a beautiful woman might have been used as a model yet the substance of the petrified woman was composed of Portland Cement! This will be pleasant reading for the thousands of doctors who have certified to the genuineness of the exhibit and will be a sweet morsel for those doctors who have discovered so many beautiful things by their chemical and microscopical examinations. It does seem to us sometimes that certain doctors will do almost anything under the sun in order to appear before the public as experts, even if it is to testify concerning "a beautiful woman turned into stone."

Has the Red Blood-Corpuscle a Nucleus?

In a late number of the *Medical Record* is an article by Dr. William Moser on the question of a nucleus in the red blood-corpuscle. It would seem from the experiments as reported by Dr. Moser that the question should be pretty well settled that the red blood-corpuscle has a distinct nucleus. The method used to demonstrate the presence of this nucleus is as follows:

"The stain (methylene blue) was given internally, according to the suggestion of my friend, Dr. J. Fuhs (physician to St. Catharine's Hospital), in one-grain doses three times a day to different patients. The blood when examined by this process is already stained by nature. In short, the patient does our laboratory work. It is obvious that this method removes many objections to artificial processes. The blood, when examined fresh in these cases, showed plainly the nucleus or nuclei of the white blood-corpuscles stained blue. The polynuclear cells (accepting Ehrlich's classification for all practical purposes) were especially well stained. The protoplasm, in contradistinction to the nuclei, remained unchanged. The blood taken from con-

valescents from fracture showed that the red blood-corpuscles too showed this distinction. In the center of the corpuscle was found a collection of protoplasm stained faintly but distinctly from the rest of the cell. It did not imbibe a distinctly bluish tinge in these cases, but more reddish, as is seen in the nuclei of the white blood-corpuscles when the blue is given in only half-grain doses twice daily and examined the following day. In certain conditions of anæmia (complicating tuberculosis) the blood showed the stain more pronounced. In specimens now in my possession it is easy to demonstrate a nucleus. In a case of pernicious anæmia the stain was still more apparent—distinctly blue. Now, it is well known that in pernicious anæmia a nucleus can be demonstrated in the red blood-corpuscles in quite large numbers by artificial staining. In a case of tuberculosis now under observation the nuclei are uniformly stained."

Dr. Moser is inclined to believe that this process of staining shows a membrane to the red corpuscle as well. He says he is not yet ready to state positively that such is the case, but is inclined to that belief.

This is especially interesting to the writer, because we first wrote of this subject in the early part of 1878. We made the statement at that time through journals, copies of which are now in our possession, that the red corpuscle had a nucleus. This nucleus was exhibited at the time to a number of our colleagues and also to the students at work in our laboratory. It was our belief at that time that the red corpuscle had a body within it which was not unlike the nucleus of other cells. A few years later we were able to demonstrate this still further by the use of an alcoholic solution of eosin. The result of staining with this preparation is quite surprising to those who believe in the homogeneous structure of the red corpuscle. The body within the corpuscle is stained intensely red by the eosin, while the greater part of the corpuscle is but slightly, if at all, stained. Of course, to make such a demonstration successful most minute attention must be given to certain detail. The origin of the red corpuscle of the adult, as we understand it, makes it logical that said corpuscle should have a nucleus. We are glad that in these later days, ingenious methods like that of Dr. Moser have verified the work of many years ago.

Food in the Meadows.

Under this heading the *Evening News* of this city is favoring its readers with some wonderful information. Thus far it has been the object of the writer to set forth the advantages of living on fungous growths. We are told that these delicious foods are cheaper than potatoes, while an even million dollars' worth of these products goes to waste in the State of Virginia alone, each year. The articles must be written by one high in authority, because we notice such subheadings as "Webster is Misleadings." It is not often that the citizens of this city have the opportunity of receiving instruction from one who would throw doubt and criticism upon Webster's Unabridged; but now they have this great treat. The writer is to reform all the scientific nomenclature of the whole family of the cryptogamia. This new christening is to make the names so clear that any American citizen can understand them! As an attempt at presenting scientific matters to the public it is one of the most dismal failures we have witnessed in a long time.

Obstetrical Society Celebration.

The Washington Obstetrical and Gynecological Society will celebrate its two hundredth meeting on Friday, No-

vember 17, 1893. An interesting program has been prepared for the occasion. The meeting will be held in the rooms of the society in the Georgetown College Law Building, 506–508 E Street, Northwest. Addresses will be given by H. D. Fry, president of the society; Barton Cooke Hirst of Philadelphia; Howard A. Kelley of Baltimore, and T. M. Rotch of Boston. The members of the Medical Association of this city will be invited by card to the literary exercises. A subscription banquet at the Arlington will close the celebration.

Officers of Publishers' Association.

The *Medical Fortnightly* gives the list of the officers of the Medical Journals Publishers' Association, and we find our name is leading the executive committee. This is the first news that we have had of an election to this office, and is news which we know is not according to facts. As we are not one of the officers of this new association we must inform the *Fortnightly* that we decline to serve on said committee!

Remarkable Feet.

We notice in the public press that a woman has won a wager of $5,000 by walking from her home in Galveston, Texas, to the World's Fair. According to the terms of the wager, she carried thirty-eight pounds of baggage from Galveston to Dallas, counting railway ties all the way from Galveston to Chicago. The paper from which we obtain this valuable information says, "the woman is very pretty and does not seem to think her feat anything remarkable." If this feat does not make her feet "anything remarkable" we shall have no faith hereafter in the principle of athletic sports.

Retirement of Dr. A. K. Bond.

We regret to notice in a recent number of the *Maryland Medical Journal* that its editor, Dr. A. K. Bond, is to lay down the editorial pen and devote his entire time to the practice of medicine. When some editors lay down their work it is only that some one else may pick it up with more force and vigor. It sometimes occurs that the change of editors brings new life and blood into the editorial columns so that the work goes on at an increased rate of speed. But the successor of Dr. Bond has a difficult task before him. We shall miss the old editor's bright sayings, and if the new editor can hold the esteem of the friends of the journal he may consider himself eminently successful. Dr. Bond takes with him the best wishes of THE NATIONAL MEDICAL REVIEW and, we believe, the hearty good will of all the editorial fraternity.

"Dot Your i and Cross Your t."

A professional friend of ours is in receipt of a postal from a "trained nurse" who tells of her qualifications as follows: "I nurse both men and women in fevers, bladder troubles a specialty. I can use a catheter, also contagious diseases." This is only excelled by the man who advertised his newly devised nursing bottle as follows: "When the baby is done drinking it must be unscrewed and laid in a cool place under a tap. If the baby does not thrive on fresh milk, it should be boiled."

Food.

Since assuming the editorship of this journal the following articles have appeared as original communications by physicians residing in this city. In the August number: "The Care and Feeding of Infants," by S. S. Adams, M. D.; "The Management of Babies During the Summer," by Thos. E. McArdle, M. D. In the September number: "The Care of Children's Eyes," by E. Oliver Belt, M. D. In the October number: "The Phonograph in the Treatment of

Deafness," by Johnson Eliot, M. D.; "Otacoustic Treatment, its History and Results upon the Deaf and Deaf Mutes," by J. A. Maloney, M. D.

This journal has a circulation of about 10,000 copies a month. Any physician desiring to see a sample copy will be furnished with one by giving us his address. This journal is of such size that we will be glad to receive original communications with the view of publishing the same in full.

The Seventy-fifth Anniversary.

The committee on the Seventy-fifth Anniversary of the Medical Society of this city has issued the following circular:

"In compliance with the report of the Committee of Arrangements of the Seventy-fifth Anniversary Ceremonies of the Medical Society made to the Society October 11, 1893, and its unanimous adoption by the Society, the committee have the privilege of informing you that the estimated cost of the contemplated banquet authorized by the society will be six hundred dollars, which amount must be guaranteed by the voluntary subscription of members before it can complete the arrangements or issue the invitations to the invited guests, selected by the Society. The price per plate is estimated at seven dollars, and as the number of invited guests will be twenty-five or more, the calculation will show that ten-dollar subscriptions from each of sixty subscribers will barely cover the cost of the banquet. If the amount subscribed and collected should exceed the expenditures each subscriber will be entitled to a pro-rata rebate. The committee therefore requests the members who may intend to subscribe to do so immediately, that it may proceed with the necessary arrangements. It will be expected that the subscriptions will be paid on or before January 10, 1894.

All subscriptions or cash should be sent to Dr. H. H. Barker, 1116 H Street, N. W."

We learn from Dr. Baker that twenty subscriptions have already been received.

Our December Number

Will consist almost entirely of abstracts and discussions of the papers read before the Medical Society of this city.

BOOK REVIEWS.

ANATOMY, DESCRIPTIVE AND SURGICAL. By Henry Gray, F. R. S., Lecturer on Anatomy at St. George's Hospital, London. New American from the thirteenth enlarged and improved English edition. Edited by T. Pickering Pick, F. R. C. S., Examiner in Anatomy, Royal College of Surgeons of England. In one imperial octavo volume of 1,100 pages, with 635 large engravings. Price with illustrations in colors: Cloth, $7.00; leather, $8.00. Price with illustrations in black: Cloth, $6.00; leather, $7.00. Philadelphia: Lea Brothers & Co., 1893.

When we remember that this book has been recognized as a textbook since 1857, no great number of words are required to introduce it to the profession. It is only necessary to say that the successive issues of the thirteen editions have each shown advancement in accuracy and completeness. As the work has advanced so have the practical applications been elaborated in the domains of medicine and surgery. The text of this thirteenth edition has been most thoroughly revised, while a large number of old illustrations have been reëngraved and many new ones added. The large size of the plates allows the prints to be brought clearly into view and insures room for their names to be indicated. While the work is published with illustrations in black alone, yet the student will do well to purchase the edition

with colored plates. These show the relations of the parts in the most striking manner and make the text much more clear. Anatomy may be a hard subject to study but it is rendered far more interesting when we have such a help as the book before us.

A Dictionary of Medical Science. Containing a full explanation of the various subjects and terms of Anatomy, Physiology, Medical Chemistry, Pharmacy, Pharmacology, Therapeutics, Medicine, Hygiene, Dietetics, Pathology, Surgery, Bacteriology, Ophthalmology, Otology, Laryngology, Dermatology, Gynecology, Obstetrics, Pediatrics, Medical Jurisprudence and Dentistry, etc., etc. By Robley Dunglison, M. D., LL. L., late Professor of Institutes of Medicine in the Jefferson Medical College of Philadelphia. Edited by Richard J. Dunglison, A. M., M. D. New (21st) edition, thoroughly revised, greatly enlarged and improved, with the Pronunciation, Accentuation and Derivation of the terms. In one magnificent imperial octavo volume of 1,181 pages. Cloth, $7.00; leather, $8.00. Philadelphia: Lea Brothers & Co., 1893.

It is interesting to note that the first prints of this dictionary in 1857 bear the name of Robley Dunglison as its author. Dr. Dunglison continued its author until his decease in 1869. But the author well knew that the dictionary would survive him, so he spared no pains to provide for its prolonged existence by training the present editor, Dr. Richard J. Dunglison, in the methods which experience had approved. The present editor brought out his first edition in 1874 and has devoted an immense amount of labor to this subject since. In the present issue there are more than 44,000 new subjects and terms. This would make a large volume of itself, but by condensation, by the omission of obsolete matter and by the enlargement of the page, the volume is still of a convenient size. Punctuation is for the first time introduced in the work. It may now therefore be called a pronunciation dictionary. The derivation of words has been greatly expanded so that this feature is now most complete. The definitions which have always made this dictionary especially noted are both full and clear. Under diseases are given their symptoms and treatment; under poisoning the symptoms, antidotes and treatment; while a large number of tables place an immense amount of information clearly and conveniently at hand.

Minor Surgery and Bandaging. By Henry R. Wharton, M. D., Demonstrator of Surgery in the University of Pennsylvania. In one 12mo volume, 529 pages, with 416 engravings, many being photographic. Cloth, $3.00. Philadelphia: Lea Brothers & Co., 1893.

This is one of the most attractive looking volumes, for its size, that has come to us in some time. The binding is especially rich and attractive in color, while the illustrations are unusually good. The pictures of bandaging are photographically reproduced from actual life. In all there are over four hundred of these engravings, or, on the average, one engraving to nearly every page. The paper is unusually good and the printing is of the best. This is the first impression that strikes one, simply from a casual examination of the work.

Upon looking through the subject-matter we find that the preparation and application of antiseptic dressing, now so commonly used, have received full consideration. There is a very interesting chapter on the dressing of fractures and dislocations in which many new cuts appear. Of course there is a description of the various bandages, surgical dressings and minor surgical proceedings. The author says he has prepared this work for medical students, but he should claim more than that for such a volume as this. It should be in the office of every physician, for there are so many practical things to be learned from it. We notice there are articles upon Tracheotomy, Intubation of the Larynx, Ligation of Arteries, and Amputations. It is probable that about four hundred medical students will see this copy of our journal, and we trust they will read this review. We also hope they will embrace the first opportunity to examine this book with a view of purchasing the same.

A Practical Treatise on Diseases of the Skin. For the use of Students and Practitioners. By J. Nevins Hyde, A. M., M. D., Professor of Dermatology and Venereal Diseases in Rush Medical College, Chicago. New (3d) edition. In one octavo volume of 802 pages with 9 plates, of which three are colored, and 108 engravings. Cloth, $5; leather, $6. Philadelphia: Lea Brothers & Co., 1893.

It is within the remembrance of the great majority of the profession when but little attention was paid to any disorder of the skin. There were one or two standard authorities upon the subject which only the specialist was supposed to consult; and he was only to be found in the larger cities. But now that the gravity of many cutaneous diseases is recognized we find an increased number of observers everywhere in this department of medicine. It is surpris-

ing to compare the list of cutaneous maladies as known to-day with that given as the standard only a few years ago. That this is the case is made more emphatic by the fact that the third edition of Professor Hyde's work contains thirty-five new diseases not found in either of the previous editions. The author has had abundant opportunity to study this class of diseases in both public and private practice, for over five years ago we know he had records of more than ten thousand cases which had come under his personal observation. The fact that the author has had such abundant experience gives to a work of this kind unusual value.

A study of diseases of the skin cannot be confined to a specialist alone, for although he may be called upon finally to treat the case yet the general practitioner should have sufficient knowledge of the subject to enable him to diagnose and treat by far the great majority of cases. Now that our medical colleges are recognizing the importance of establishing new chairs in all special subjects it becomes necessary for the student to have a textbook as a guide. Professor Hyde's work is thus widely used and is also in use both by the general practitioner and the specialist. The author says that every page has been revised to accord with the very latest approved views. This edition is larger by a hundred pages than the preceding one and has also an increased number of illustrations and colored plates.

In speaking of the internal treatment of skin affections the author says that it can be safely said that there are no remedies to be given by the mouth which can be described as certainly and specifically curative of the diseases of the skin. The number of medical agents employed with this end in view is incredibly large, by far the greater part being obtained from the vegetable kingdom. With few exceptions, the most esteemed of these exert only an indirect therapeutical effect upon the integument. The larger number of medicaments thus used are, it must be admitted, without value of any kind, but will probably continue to be vaunted as possessing specific virtue so long as credulity on the one hand, and avarice on the other, move the mass of mankind.

A Treatise on the Science and Practice of Midwifery. By W. S. Playfair, M. D., F. R. C. P., Professor of Obstetric Medicine in King's College, London; Examiner in Midwifery to the Universities of Cambridge and London, and in the Royal College of Physicians. Sixth American from the eighth English edition. Edited, with additions, by Robert P. Harris, M. D. In one octavo volume of 697 pages, with 217 engravings and five plates. Cloth, $4.00; leather, $5.00. Philadelphia: Lea Brothers & Co., 1893.

The practitioner who graduated only a few years ago will find the teachings of modern obstetrics widely different from that he received. It is probably true that there is no department of medicine in which more has been done of late years than in midwifery. When we look through the pages of a recent work like this we cannot fail to notice that the practice is recommended in many cases which would have been considered heterodox in the extreme if given only a few years ago. But recent study and observation brings one to the conclusion that these changes are right and that they are bound to stand the test of experience. "Playfair's Midwifery" has been known as a work that dwells especially on the practical side of the subject, thus rendering it a useful guide in this most anxious and most responsible branch of the profession. In fact, we may truly say that there is no part of the practitioner's work which requires more thorough knowledge or greater experience. Notwithstanding all this it is true that students leave their schools more ignorant of obstetrics than of any other subject. Teachers in our medical schools know this full well, but it seems quite impossible to correct the evil. In a few of the larger colleges efforts are being made in this direction, but it is nevertheless a fact that the weakest part of our whole system of medical education is in the practical application of the science of obstetrics. The student leaves his college with his head well filled with a few fundamental laws, only to find that he has lost all that was ever taught him just at the time when his best judgment and highest skill are demanded. The many years of experience as a teacher has made Professor Playfair aware of all the defects of teaching this subject, and he is thus well qual-

ified to present to the practitioner and student the subject in the best manner possible.

The question is often asked, why is it necessary that so many new editions of works appear? It necessitates the purchase of so many books if the practitioner wishes to keep up with the times. But when we think for a moment of the great changes that have taken place within the last few years in the treatment of such subjects as extra-uterine pregnancy, the Cæsarean section, symphyseotomy, and puerperal septicæmia we can see at once the necessity of having as our guide the very latest opinions. The chapters on these subjects have been entirely rewritten for this edition, and we now have a satisfactory guide to the most recent definitions for obstetric medicine.

We are all aware of the fact that on some points the American obstetrician differs from the English. This is especially true in the case of craniotomy, and symphysotomic delivery. The work has been very carefully revised by Dr. Robert P. Harris of Philadelphia, who has added much to its value by his annotations. The work will continue to be a favorite textbook for the students and a trustworthy guide for the practitioner.

A Textbook of Ophthalmology. By William F. Norris, M. D., Professor of Ophthalmology in the University of Pennsylvania; and Charles A. Oliver, M. D., Surgeon to Wills Eye Hospital, Philadelphia. In one very handsome octavo volume of 641 pages, with 357 engravings and 5 colored plates. Cloth, $5.00; leather, $6.00. Philadelphia: Lea Brothers & Co., 1893.

It follows that when two such eminent authors have been engaged for a period of over seven years in preparing a work of this character we should expect a most complete volume. After looking through the pages before us we are not disappointed in this regard. The authors show a large personal experience and an extensive acquaintance with the vast literature of the subject. The style of the authors is terse and clear, so that an immense amount of knowledge is embodied in a volume of convenient size. In all works of ophthalmology the illustrations must form an important part. We find here over 350 engravings of a superior order, together with five colored plates. As a textbook and work of reference the volume will assume at once a foremost position. It embodies the clinical experience of many years associated with an extensive research into the literature of the subject.

All six of the above works are issued in a substantial style, characteristic of the publishing house of Lea Brothers & Co. The paper is of a good quality, the engravings well made and beautifully printed, and the binding of a durable and substantial character.

Our readers will find these books for sale by Lowdermilk & Co., of this city, as advertised in our pages.

Hernia: Its Palliative and Radical Treatment in Adults, Children and Infants. By Thomas Manley, A. M., M. D., Visiting Surgeon to Harlem Hospital. Philadelphia: The Medical Press Co., 1725 Arch Street, 1893. Pp. 230, ill. 63.

It is the object of the author to show just what surgery can do to relieve hernia without danger to the patient's life. The author discusses the question whether a permanent cure of hernia can be made by radical surgical interference. The writer gives each therapeutic agent its due merit and indicates as well the precise limitation of each. The illustrations are not well executed, yet we presume they convey the idea for which they were designed, to those who are best qualified to judge. We do not like the plan of beginning each chapter so far down the page; it detracts very much from the appearance of the work, in our estimation.

The Popular Science Monthly.

The November number of this interesting journal contains a number of articles of value to the physician. Lady Walb. Paget gives her reasons why we should use only vegetables for food. She gives a number of objections to meat eating and declares that we would all be better off if we abandoned it altogether. She says she cannot bear the thought that it is necessary to kill a living being for herself to live. We cannot but secretly wish that we might take a glance at Lady Paget as she is dressed for an afternoon drive, in order that we might notice how many birds she would have in her hat, "killed in order that she might live" in style. Professor Huxley writes on Evolution and Ethics, while Mr. Henry Lincoln Clapp describes the Scientific Method with Children.

THE
NATIONAL MEDICAL REVIEW.

VOL. II. · WASHINGTON, DECEMBER, 1893. No. 10.

CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

Sailing Under False Colors.

The readers of this journal will doubtless remember that we have had something to say about one Mr. Hart of London. By referring to our November number it will be found that when Mr. Hart registered at the hotel in this city he did so in the following manner: "Ernest Hart, F. R. C. S., D. C. L., London, Editor *British Medical Journal*, Dean of St. Mary's Hospital."

We are prepared to believe almost anything with reference to this luminary, but we declare our breath was nearly taken from us when we learned still further of the false colors under which this man is sailing. The following letter is from one of the physicians to St. Mary's Hospital of London, one of the best known physicians in Great Britain and very well known in this country as well. We have perfect liberty to use his name, but do not care to do so at this time. The letter reads as follows:

"Many thanks for your letter and newspaper extracts. Mr. Ernest Hart has *no connection whatever* with St. Mary's Hospital, but about twenty-five or more years ago he was, for a short time, Dean of the medical school of St. Mary's. Of Mr. Ernest Hart I am glad to say I know nothing."

The words in italics come in the original letter strongly underscored. While it may have been said prior to this that many of the things done by Mr. Hart were due to his ignorance of the customs of this country, yet it cannot be possibly claimed for him now that it is an American custom to make such statements. Mr. Hart has many things to explain in order to reconcile his conduct with that of a gentleman, but we think he will find it quite difficult to explain this latest development. We have also in our possession other letters from residents of London, but we believe the above is sufficient.

Personal Ethics for Visiting Foreigners.

We clip the following "contribution" from the *Journal of the American Medical Association:* "As Mr. Ernest Hart, editor of the *British Medical Journal*, has upon several occasions while in this country delivered addresses on the code of medical ethics, would it not be in order for him to take up the subject of personal ethics?"

Mr. Ernest Hart Interviewed.

The following is taken from the *Woman's Medical Journal:* "After such a scolding on the awfulness of allowing ourselves to be interviewed by a reporter, and having the interview printed in a common paper, our friend Mr.

Ernest Hart turns the tables on us and surprises us by an interview exceeding one page in length in *Kate Field's Washington*, on "A Preventable Scourge," in which our whilom friend discusses cholera, its history and its treatment at length, and sagely tells his readers that vaccination for cholera is useless in this country, and advises them to drink water from deep springs or boiled water. Is it not dreadful, after almost passing through the country unharmed, to be caught by an American reporter? We should not have thought it, but Kate Field can make almost any one talk. But how will Mr. Hart explain his breach of ethics to the good folks at home?"

The Evils of Substitution.

Dr. Cyrus Edson gives an editorial in the last number of his journal on the Evils of Substitution. We have had considerable to say on this same subject in these columns and can only give our hearty approval to this article. Dr. Edson says that the pharmacist who substitutes, leads physicians astray. By presenting false premises to the latter, the former causes him to make erroneous deductions. The entire medical profession may thus feel the result of a single instance of substitution, and numerous invalids suffer on account of the errors following faulty experience in the case of the physician treating a single patient who is the victim of the fraud in question.

The author says he knows of no other crime that tends so much to destroy one's faith in man's goodness as substitution. For the sake of small profits the dishonest druggist deliberately cheats and perhaps destroys his fellow man. Substitution also works great injury to the manufacturer. He may invest large sums in producing a reliable preparation and may spend even more in bringing it before the medical profession. The profession finds the remedy worthy of use and patronizes it liberally until the weeds of substitution check its growth. The way these weeds act after what is said is obvious. For example, some pharmacist substitutes an inferior mixture or drug in the preparation of the physician's prescription; the effect of the medicine on his patient is *nil*. The disappointed doctor heralds the fact to his brethren. Such news travels faster than any favorable comments, and undoes in a short time that which the manufacturer has taken months or perhaps years to accomplish. Great injury is in consequence done to a deserving business. Because the substituted remedy does not have the effect the physician intended, the victimized patient soon loses confidence. Such a loss may not have a direct effect upon the invalid but it may even cause the dismissal of the physician. Dr. Edson would have the practice of substitution a very serious matter in the sight of the law. He would have the manufacturers of pharmaceutical preparations form unions and have agents charged with the duty of bringing to justice all perpetrators of the fraud of substitution.

We believe Dr. Edson is on the right track in giving such advice, and when such unions are formed if he will send one of their agents to this city we can put him on the track of some very fertile fields. We have spoken in these columns before of some detail work in connection with substitution in the case of Warner & Co. We are lately in possession of some facts which are equally as strong in the case of the preparations of Fairchild & Foster. Essence of Pepsin appears to be prescribed by some pharmacists from one large bottle, no matter whose preparation is signified on the prescription. We know of

number of instances where Fairchild's preparation was indicated on the prescription and yet the remedy was taken from this one common source. When a prescription calls for a remedy and denotes the name of its manufacturer the pharmacist is bound to give the exact remedy indicated or refuse to fill the prescription. He has no more right to substitute the preparation as made by another firm than the one indicated, than he has a right to substitute an entirely different preparation.

"Food."

The November number of *Food* contains original articles by Dr. Karl von Ruck of Asheville, N. C., on the Relative Values of High and Medium Altitudes in the Treatment of Pulmonary Tuberculosis; by Chas. H. Stowell, on Some Experiments with Terraline; by W. J. Moody of Plainfield, Iowa, on Eat to Live, not Live to Eat; and by J. Mount Bleyer, on the Clinical Import of Kumyss. The editor of the journal contributes twenty-two pages of editorials besides a number of pages of miscellaneous matter.

The December number of *Food* will contain an original article on "Deafness," by Dr. J. A. Maloney of this city, and also the first of a series of articles on "Milk," by Mr. Hird, the Chemist to the Health Department of this city.

Increased Postage.

We had the pleasant surprise given us last month that according to a new interpretation of some postal law, our postage was increased to two cents on each copy mailed to parties in this city. It does not require any great knowledge of mathematics to see that this takes off a good part of the subscription price of our journal. This is simply a gentle hint to our old subscribers and a broader hint to those whom we wish to become subscribers.

Our Daily Medical Journal.

The daily medical journal of this city, otherwise known as the Washington *Post*, has been branching out into new Medical Specialties of late. Its advertising columns have contained only such references to medicine which no respectable medical journal would allow to appear in its columns. We have called attention to these before, and only speak of them now in order that our readers may have their minds refreshed concerning the character of the advertisements found in this daily. Its latest venture tells "How to Cure All Diseases." Not a single disease is known to humanity that cannot be positively cured by following the advice of this daily medical journal. We find such statements as these on the first page: "Physicians have slain more than war." "Could all people be restored to life who have been hastened to the grave by strong drugs and ignorant doctors, we should not have standing room for those now living." The principal remedy advertised is a positive cure for rheumatism.

A professional friend of ours met a colored woman on F Street who was walking with a cane and who looked as if she was over a hundred years old. She inquired the way to the office of the doctor who cured all cases of rheumatism. The old lady said she was about dead with the "rheum." She said she had just walked in from Brightwood and was in a hurry to find the doctor for she wanted to get back home in time to cook the old man's dinner! Our friend remarked that if he should live to be a hundred years old and could walk from this city to Brightwood and return again in one day he would not ask the aid of anything the Washington *Post* might have to offer.

We would gladly let this latest ven-

ture of the *Post* pass by, and laugh behind the curtain with the business manager of that paper as he exclaims, "what fools these mortals be." But when that paper still keeps up the pernicious and vicious advertisements of the character we have described in a previous number we must enter our protest. We trust the Medical Society of this city will take up this subject and carefully consider it; for that such advertisements can have none other than a serious effect upon the health of those who ever follow the directions indicated, to say nothing about the morals of the question, is self-evident to every active practitioner of medicine.

The Horrors of Vivisection.

During the last general election in England, at the close of the speech of a candidate when he was about to retire feeling confident he had won a great victory, he was suddenly asked, "Are you in favor of vivisection?" Taken thus unawares and not wishing to do anything to injure his cause he promptly replied, "Not until the animals are dead." This is in the same line as the question asked a professional friend of ours: "Did the coroner hold a post-morteration?"

THE PROGRESS OF MEDICINE.

Precision in the Diagnosis of Intra-Abdominal Disease.

At a meeting of the Medical Society of this city for October 11 Dr. E. A. Balloch read a paper on Precision in the Diagnosis of Intra-Abdominal Disease.

The paper opened by a brief narration of one case each of hepatic abscess; primary cancer of gall bladder; tuberculosis of the peritoneum; cancer of the pylorus, and aneurism of the posterior portion of the abdominal aorta just below the diaphragm. All of these cases had come under the notice of the speaker within the last four years and in each the diagnosis was obscure and uncertain. In four of the cases there were autopsies. Reflecting on his own experience and considering the many like cases constantly being laid before the Society, he had thought that a thorough discussion of the question of diagnosis in these cases might be of advantage to all.

The diagnosis of intra-thoracic disease was then contrasted with that of disease within the abdomen.

In the former we are aided by instruments of precision, and have practically to determine the nature only and not the location of disease. In the latter we must determine both the seat and nature of the disease, and are hindered by the number of organs and structures within the abdomen as well as by their contiguity and overlapping.

He thought it best to discuss some of the conditions likely to baffle us in diagnosis, with the aim of endeavoring to find in each some indication which might be relied on with a fair degree of certainty.

Cancerous disease of the stomach was first considered and the conclusion reached that there is no symptom or sign of this disease which may not be simulated by symptoms of other diseases. Diagnosis cannot therefore be made on any one symptom, but must be based on the co-existence of several, the presence of a tumor being the most reliable.

In tuberculosis of the peritoneum the speaker considered that the temperature record afforded more aid than any other one thing. A slight but persistent evening rise of temperature, extending over any considerable interval of time and ac-

companied by indications of abdominal disease, will generally warrant a diagnosis of this disease. The value of abdominal section as a therapeutic measure in this affection was alluded to and the indications for it were submitted for consideration.

In the diagnosis of aneurism of the abdominal aorta, situated just below the diaphragm, particularly when the sac is behind the vessel, the speaker thought our main reliance should be placed upon signs indicating involvement of any of the plexuses of nerves, without discoverable visceral disease, associated with apyrexia. Disease of the spinal cord must be excluded.

The most reliable guide in the diagnosis of obscure cases of hepatic abscess was thought to be the presence of signs of sepsis together with evidences of disease of the liver.

The paper closed with the conclusion that the diagnosis of intra-abdominal disease calls for a higher order of skill, knowledge and acuteness than that of any other class of disease. Every symptom and sign, however minute, should be carefully weighed. There should be many and prolonged examinations. The value of the knee-elbow or knee-chest position was emphasized, as was also the importance of an early diagnosis in this class of cases.

DISCUSSION BY DR. I. S. STONE.

Dr. I. S. Stone said the paper was a leader in a wide field, and the topics introduced for discussion might profitably occupy many evenings. He had had a great many opportunities for testing the accuracy in diagnoses of other physicians and himself. He could honestly indorse the paper. An exploratory incision, in the light of modern science, is the best way to clear up the diagnosis. He had no fear of looking into the abdomen, as the exploration does no harm. The surgeon might find something else than that which he operated for, but that did not argue against the effort to clearly define intra-abdominal tumors. He believed in making an early diagnosis. Dr. Stone gave the details of a case: a woman, aged 30, who had taught dancing, was sent to him by another physician because the diagnosis was in doubt. She was emaciated, had dysmenorrhœa, metrorrhagia, neuralgia and neurasthenia. His diagnosis was a cyst of the ovary, attached to a very broad uterus. He had operated to-day, and after the incision he thought he had a floating kidney, but it was found to be the spleen. How many of this patient's symptoms might have been due to the misplaced spleen? Whenever ascites is present it complicates the diagnosis.

DISCUSSION BY DR. B. G. POOL.

Dr. Pool had hoped that the suggestive paper would have occasioned a greater amount of discussion and elicited some of the more important aids in determining the nature of the diseases found in the abdominal cavity, but as exploratory incision had been the only point so far discussed, he would remark upon that subject. He thought that it was to be regretted that exploratory incision was so often advised and that there were those who so eloquently and enthusiastically advocated its more frequent employment in determining the nature of disease. If it come to pass that the physician, in every case of obscure abdominal disease, shall take his patient to the laparotomist for exploratory incision, the occupation of the family physician will be robbed of more than half of its dignity, and suffering humanity exposed to untold and needless pain both of body and of mind. Because the surgeon may find in the abdomen of a patient, who has gone the rounds of the profession, conditions both interesting and instructive and is able to afford relief where all other means have failed, it does not necessarily follow that he should be encouraged to explore the abdomen of the next person who presents somewhat similar symptoms, with the vague hope that he may add to the number of his astonishing discoveries.

For the sake of the patient who has intrusted his life or future happiness to our honesty and skill, and the honor of the noble profession which aims not only to prolong human life but also to relieve mental and physical suffering, he claimed that no operation should be undertaken without a definite idea of what was expected to be found and a prede-

termination of how the condition was to be met.

By a careful study of the physiology and pathology of the abdominal organs and of the clinical picture presented by their diseased action by thorough and repeated examinations, allowing sufficient time to develop the significance of certain, at first, obscure symptoms, we may sometimes obtain as satisfactory, if not as brilliant results as the laparotomist, and may often save some poor unfortunate the needless terror and his friends the anxiety and expense of a worse than useless operation.

DISCUSSION BY DR. W. P. CARR.

It is difficult to discuss a paper when one agrees with the writer on every point, and has no new suggestions to offer, and if it were not for some criticisms in the discussion I should have nothing to say upon Dr. Balloch's paper except to congratulate the author upon his interesting essay and to help emphasize two points that he has brought to our attention, namely: the difficulty in diagnosis and the value of exploratory laparotomy in certain abdominal diseases. Even when a distinct tumor can be felt, we all know, I think, how difficult it is to determine its nature, or even to tell from what organ it springs. We know that the best surgeons, both in this country and abroad, will seldom risk a positive diagnosis before operating, and that almost every laparotomy reveals some unexpected condition, frequently so far differing from the previously conceived ideas as to be really startling. The men who are doing these operations every day tell us that it is the exception to find things exactly as was anticipated, and the larger the experience of the operator the more guarded is his diagnosis.

Indeed, it amounts to a confession of inexperience for one to make a positive statement of intra-abdominal conditions, except in the simplest and plainest cases. It cannot be done in many instances when the tumor is situated in the lower abdominal or pelvic regions, and is subject to bimanual examination; and the uncertainty is, of course, much greater in the upper abdomen, where palpation can usually reveal little more than an indistinct mass. The symptoms of tumors of the mesentery and pancreas are usually not diagnostic, and they can be felt with great difficulty, if at all; yet many such tumors have been diagnosed by exploratory laparotomy and dealt with successfully. I do not, of course, urge this operation for all forms of abdominal disease. It would be absurd when the symptoms point to chronic dysentery, catarrh and like affections; nor would I recommend it in any case until every other means of diagnosis had been exhausted. And whenever the urgency of the case will permit it, repeated examination should first be made. But, when we are unable by the careful examination of symptoms as well as of physical signs to arrive at a conclusion, then, if the symptoms point to any grave disease of a nature to be benefited by surgical interference, we should explore, and be prepared to do at the same time almost any operation in the range of abdominal surgery.

In any case where a tumor exists whose nature we are unable to determine, which fails to yield to medical treatment, and which continues to grow, or causes serious symptoms, I think it is not only proper to recommend exploration, but that it is our duty to do so. In my opinion, we are doing a great injustice to the patient if we fail to set before him clearly the danger and suffering likely to accrue to him unless something is done by the surgeon to relieve him. And there should be no unnecessary delay of the operation, for we are dealing with an unknown quantity, and a change may rapidly occur that will put the case beyond the reach of surgery.

It is a sad thing to see the abdomen opened, as I have several times seen it, too late to do any good, when an earlier operation would almost certainly have saved life and restored health.

Again, in any case where there is a strong probability that pus exists in the abdominal cavity and the symptoms are grave we should unhesitatingly explore. How many of us have seen valuable lives lost while we were waiting to determine whether or not there was pus. Is it not better to perform, occasionally, a needless but harmless operation than to sit

calmly by and see our patients die because we failed to interfere in time?

The operation in itself is not dangerous if properly done. True, some condition may be found requiring an operation that is dangerous; but the diagnosis is then made and we are still at liberty to do the dangerous operation or not, as may be deemed best.

The point I would make is that the greatest danger from a simple exploratory laparotomy is the danger from the anæsthetic. Yet we daily use both chloroform and ether for purely diagnostic purposes. I have never known a death from a simple exploratory laparottomy, nor can I recall any that I have read of where the operator was a competent surgeon, unless from the effects of the anæsthetic. I doubt if any member of this Society knows of such a death. If so, I would be glad to hear from him.

Neither is there any great suffering connected with the operation. It is the bad pus cases and the big tumors with adhesions, where the operation is followed by pain, hernias, fistula and the like, cases where formidable operations have become necessary to save life, cases that would never have occurred had exploration been resorted to at an earlier period. It is to do away with these fearful operations and to save valuable lives that we urge a simple and harmless procedure; but those who are not familiar with abdominal surgery, persist, willfully it seems at times, in ascribing to an exploratory incision all the terrors and horrors of a hysterectomy or a resection of the bowel.

But, harmless as I believe the operation to be, in proper hands, neither I nor any other surgeon would recommend its reckless or indiscriminate use. It is to be used only when all other methods of diagnosis have failed, only when there are symptoms of grave import, only when these symptoms point to some disease amenable to surgical treatment, and only by men who are prepared to do any and all kinds of abdominal work.

DISCUSSION BY DR. S. C. BUSEY.

Dr. Busey emphasized the importance of diagnosis in the study of disease, and, while maintaining that great progress had been made in recent years in the differential diagnosis of intra-abdominal diseases, did not believe that absolute accuracy would be attained very speedily, first, because unique and very rare cases of such diseases did not afford opportunity for clinical study, and, secondly, because of the number of organs differing in function, structure and position, and yet allied in the purposes of the animal economy.

He indorsed Dr. Balloch's statements in regard to the distinctive, relative and topographical value of each symptom, and added that a thorough knowledge of regional anatomy was necessary. A knowledge of the intra-abdominal contents of each region of the abdominal cavity was a prerequisite of differential diagnosis. So, likewise, must the possible and probable displacement of organs be considered. Symptoms must also be studied in relation to the patient. The intensity of pain and acuteness of tenderness must be measured by individual peculiarities. To all this must be added a careful study and analysis of the completed clinical picture, verified by re-examinations. Then, by the methods of differential diagnosis, a positive and satisfactory conclusion could, in most cases, be reached.

The essayist had very forcibly set forth the difficulties in the diagnosis of cancer of the stomach in the earlier stages, and in the later stages when a tumor could not be recognized. In rare cases it was conjectural from beginning to the end. To the symptoms enumerated in the paper he would add that of cachexia, a condition not easily described, but once seen would not be forgotten, which in some cases was so characteristic as to admit of no doubt of the nature of the tumor. In cases of cancer of the pylorus, dilatation of the stomach with vomiting of large quantities of fluid was significant. Dilatation with large fluid contents might, occasionally at least, be ascertained by palpation. Microscopy had not as yet contributed much to the diagnosis, but he felt assured that in the future it would, and perhaps supply all that was necessary to precision in diagnosis of this disease. The knee-chest position was especially valuable in differentiating tumors from aneurisms and

an important aid in many conditions. The sitting posture, with the trunk well forward so as to completely relax the abdominal walls, with firm pressure over the region of the pylorus had enabled him either to verify or to exclude cancer of the pylorus by presence or absence of a tumor, which could not otherwise be determined.

He could confirm the value of high temperature elevations followed by subnormal falls in the diagnosis of tuberculosis of the peritoneum. It was significant in most cases of tuberculosis. Abscess of the liver was sometimes marked by similar temperature variations. Aspiration was a method of precision which had marked a great advance in diagnosis, but in abscess of the liver it had oftentimes failed. Only to-day he had learned of a case in which frequent aspiration had failed to discover an abscess in the liver which was demonstrated by an autopsy.

In reply to the suggestion of Dr. Stone he stated that inasmuch as Dr. S. had made the diagnosis of wandering spleen located in the pelvic cavity by actual inspection of the organ in his hand, he thought he had made a mistake in not extirpating it. Wandering spleen was a very rare affection, and very difficult of diagnosis. In such cases as that reported by Dr. Stone, the gastro-spleenic ligament was usually twisted upon itself several times, followed by atrophy of the displaced and wandering organ. Experimental extirpation had been frequently performed without detriment to the animal, and he believed that in such cases, especially when the diagnosis was made by actual inspection, extirpation was the remedy.

The final suggestion in the paper referred to exploratory laparotomy. He could not follow Dr. Pool in such general condemnation, nor Dr. Carr in his equally positive approbation, but he did not doubt that exploratory laparotomy had in many cases enabled the surgeon to make a positive diagnosis when it could not have been made otherwise, and that the lives of many women had been thereby saved. It had become the sheet-anchor of diagnosis with surgeons, and was a perfectly justifiable procedure when necessary. It was not, however, admissible in phantom tumors or normal pregnancies. Inexcusable mistakes had been made; in some cases because the surgeon had not exhausted other resources of diagnosis, but hastily performed the section without knowledge of the existence of any intra-abdominal disease. Its comparative harmlessness did not justify the opening of the abdomen in cases when no disease existed, or in cases of normal pregnancy, yet it had been done in a number of such cases. If surgeons had sought the advice and counsel of thoroughly equipped obstetricians or other equally expert diagnosticians, many such mistakes would have been avoided. Exploratory laparotomy was not justifiable unless some diseased condition was known to exist, the nature and location of which could not be determined by other and ordinary methods of diagnosis. The frequent and inexcusable resort to exploratory section had resulted in faulty and negligent methods in diagnosis and avoidable mistakes.

DISCUSSION BY DR. S. C. SMITH.

Dr. Smith said that Dr. Busey had made some startling statements. The diagnosis of tubercular peritonitis seemed to be established when, with the presence of inter-abdominal disease, there was at times a rise of temperature, which on other occasions would be subnormal. Cancer of the stomach could not be certainly recognized, according to Dr. Busey, even the presence of a tumor not materially aiding in the diagnosis. So with abscess of the liver, wandering spleen, floating kidney, ectopic gestation, abdominal aneurism and in fact every other intra-abdominal affection. And notwithstanding this admission Dr. Busey denounces the surgeon who performs a laparotomy in a doubtful case because *all* means of diagnosis have not been exhausted. He, therefore, declares such surgeons careless or reckless, and further claims that the teachers in the colleges advise that the proper course to be pursued in doubtful cases is to open the abdomen without attempting to make a differential diagnosis. This Dr. Smith did not believe to be a fact. On the contrary he had found our sur-

geons to be painstaking and careful in making examinations in doubtful cases, and only resorted to laparotomy when they were convinced that such a course was imperative in the interest of patients. He had sent patients to Dr. I. S. Stone and Taber Johnson, and had witnessed their operations in which frightful forms of disease were so skillfully overcome that he now referred women with serious intra-abdominal affections to these gentlemen with the almost certain assurance that their treatment would result in permanent relief. In all diseases affecting the abdominal cavity consultation is the rule before laparotomy is done. And yet in some cases where the best men are called in, the diagnosis is proved to be erroneous by the work of the surgeon, or by the efforts of nature. Reference was made to a case in which competent men had decided that a woman was suffering from abdominal pregnancy, and the next morning appointed for the performance of the operation for her relief, but during the night the woman gave birth to a living child in the usual manner. A case of extra-uterine pregnancy recently reported to the Society was also cited. In this case the physician, in consultation, dilated the cervix and declared that he felt the elbow of the child in the uterus, and yet when Dr. Johnson opened the abdomen he found the child there, and also established the fact that it had never been in the uterus at all.

Dr. Smith believed that not only our surgeons, but all others, tried to establish a correct diagnosis before opening the abdomen, and the fact that mistakes were sometimes made should not militate against the general opinion that surgeons were conscientious and careful in their efforts to arrive at correct conclusions before resorting to the knife, and that they were not influenced by a desire to make for themselves a record of successful abdominal surgery.

DISCUSSION BY DR. J. TABER JOHNSON.

Dr. J. Taber Johnson said that the ground had been pretty well covered by the previous speakers and he had nothing new to add. His experience had been confined to those abdominal diseases which had originated in the pelvic organs of the female, so that he should eliminate the abdominal organs from his remarks. The general practitioner admitted the great difficulty in diagnosticating diseases of the abdominal organs, but seemed unwilling to grant the same difficulties to those dealing with the pelvic organs. There was no justice in such criticisms, first, because precision is not always necessary, and, second, because it is not always possible. The treatment is the same in most all of the pelvic diseases; so if the surgeon is convinced that there is something abnormal there which is wrecking and endangering the life of his patient, and if all the necessary means have been applied to ascertain its nature, it is far safer to perform an exploratory laparotomy than to subject the patient to the injury of multitudinous examinations. He could not agree with Dr. Busey that operators were reckless; those who opened the abdomen, as a class, were honest and conscientious, and only did it when other means had been exhausted or when delay would jeopardize the woman's life. Dr. Carr had stated that he knew that valuable lives had been sacrificed by delay to insure precision by different examinations. When we are sure there is something in the abdominal cavity, and that the case is operable, we should at least give the woman the benefit of an exploratory incision.

We grant that all of us have made mistakes and that criticism may be just in a few instances, but we also claim that in a vast majority of cases exploratory laparotomy is justifiable. The surgeon must be prepared for any emergency when he opens the abdominal cavity, and it is not an operation for the tyro. Every one who has opened the abdomen has erred. Even Keith, the most accurate diagnostician and successful abdominal surgeon of the day, has erred in the presence of a large number who had gone to witness his skill. Dr. Keith was prepared to perform hysterectomy upon a patient he had had under observation for fifteen years, yet upon opening the abdomen he found a simple intra-ligamentous ovarian cyst. He had had cases where the obstetrician was called in, but he was also mistaken. Hence we are not always able to clear

up the field but must operate when we are satisfied that one of four or five things exist. Every case is examined under ether in the Johns Hopkins Hospital.

DISCUSSION BY DR. J. FORD THOMPSON.

Dr. J. Ford Thompson thought that this whole business had been well settled long ago. Surgeons erred in external surgery, as it is not always easy to decide that a case is operable; so why should we not be more charitable with the abdominal surgeon? Of course there is unnecessary and fatal surgery, but as the surgeon becomes older in experience he becomes more conservative. Cases are now referred to him which he decides against operation; but in years gone by he would have considered similar ones operable. Surgery had already advanced so far that he did not think there was much room for improvement in diagnosis. If there is a tumor in the abdomen the surgeon should say whether it should be removed, as he is to assume the responsibility. He had opened the abdomen when it was useless, and in most of such cases he had yielded to the entreaties of the friends. Experts operate while the family physician may not agree as to the necessity for any interference. There are many surprises in surgery and pregnancy complicating; a tumor is one of them. He contended that he had never seen mistakes where the surgeon operated for tubal or cæcal diseases.

DISCUSSION BY DR. I. S. STONE.

Dr. Stone referred briefly to the paper by Dr. Balloch, asking him to pardon him for not attempting further discussion of his paper, as he could only allude to that part of most interest to himself. He desired to call attention to illumination of the stomach in the diagnosis of pyloric obstruction and consequent dilatation, from other disease, such as cancer. He also wished to mention cystic degeneration and other tumors of the pancreas which should not be forgotten in making a diagnosis of disease in the epigastric region. Since Dr. Senn has demonstrated the frequency of these cysts of the pancreas, it was rather surprising that they are not found elsewhere than in the practice of Dr. Senn. In alluding to the subject of exploratory incision for diagnostic purposes, he had but little to say save to indorse the views of those who had just spoken. He called attention to the wonderful advances made in the diagnosis of abdominal disease since surgery has been so highly perfected. Physicians had for centuries the benefit of experience and of post-mortem observations, yet not until comparatively recent date had such formidable conditions as extra-uterine pregnancy, not to mention other diseases of the abdominal and pelvic organs, been understood. He thought there was little need of criticism of Washington surgeons for doing too many exploratory sections until there had been at least one successful operation for primary rupture of an extra-uterine gestation. He wanted, however, to do full justice to those physicians who had so frequently decided that an operation was demanded and who called in a surgeon in time to do good work. The surgeon does not criticise the physician who fails to make a diagnosis before operation, but rather congratulates him for having promptly decided that an operation is needed.

Without wishing to claim personal influence in forming public sentiment in the profession favorable to exploratory section in abdominal or pelvic disease, yet he thought very marked progress had been made in the diagnosis of these diseases, both by physicians and surgeons, during the past few years in this city. He felt assured of this fact by almost constant reminder on the part of physicians themselves, who now detect cases requiring operation very skillfully and satisfactorily, who previously were greatly embarrassed and frequently were entirely at sea regarding the nature of these cases. As for making a correct diagnosis of the exact nature of the disease or condition prior to operation he fully indorsed the remarks of Dr. Thompson that we should not only try to make a correct diagnosis (which is possible in most instances) but we could and should decide if an operation is indicated, and then leave the refinements of diagnosis for after consideration. Dr.

Stone spoke of a patient now in his care who had a tumor of which he felt in doubt as to its nature, and that he would be pleased to have those see who are willing to make, or capable of making, a careful diagnosis. He also alluded to a case presenting many difficulties as to the presence or absence of disease about the uterus and ovaries. After many opinions had been expressed by as many physicians, and with much uncertainty as to the result, he operated. The firm adhesions and double hydrosalpinx found appeared to be sufficient cause for her pain and severe hysterical symptoms, as the result so far had been perfect. In conclusion, he thought from Dr. Busey's remarks that he had recent experience with surgeons who had been unfortunate in making a diagnosis. He felt assured, however, that if Dr. Busey thought surgery needed any defense he would continue to advocate its claims as he had done on previous occasions.

CLOSING DISCUSSION BY DR. BALLOCH.

Dr. Balloch in closing the discussion, said the speakers had lost sight of the object of his paper. He wanted some aids to early diagnosis, for after the tumor was recognized in cancer of the stomach, any relief that might be afforded would only be temporary. He asked Dr. Thompson the efficacy of incision in tuberculosis of the peritoneum. The discussion seemed to drift away from the paper to exploratory section.

Dr. Thompson, in answer to Dr. Balloch, stated that the operation for tuberculosis of the peritoneum had not a bright future if judged from his experience. His operations had all been in unfavorable cases and the patients soon died.

"The Hands Over The Head."

The progress which the homeopaths are making is simply astounding. We only hope that our homeopathic exchanges get as much pleasure from reading our views on regular medicine as we do from reading some of their views on the application of homeopathic principles. The latest with which we are acquainted comes to us from the pen of Dr. Frank Kraft—Cam. Hom. Dr. Kraft says that some women in sleeping have their hands over their head. He thinks this denotes a tendency to serious diseases and that a strong remedy is indicated. The best remedy he has found to be puls. Nux is the next best remedy for this affection. He thinks he has found that nux is the better remedy for the man and puls. for the woman. As this investigator has found that one remedy is so much better for man than woman, even for the same trouble, we suppose he feels justified in making the statement that it logically follows that there is actually a difference between man and woman !

Officers of Medical and Surgical Society.

The following are the newly elected officers of the Medical and Surgical Society of this city: President, Dr. Frank T. Chamberlin ; vice president, Dr. I. S. Stone ; secretary and treasurer, Dr. L. Eliot, and board of censors, Drs. C. Mayfield, Llewellyn Eliot, J. W. Bovee, J. D. Morgan and F. B. Bishop.

Army Medical Examining Board.

The Army Medical Examining Board, which has just concluded its meeting in this city, had thirty-four applicants registered for examination. Some of these failed to appear and some did not reach the requisite physical standard, leaving twenty-four who were more or less fully examined. Of this number five were successful. The colleges represented by these successful candidates were the College of Physicians and Surgeons of New York City, South Carolina Medical College, Columbian University of Washington, University of Maryland and the University of Pennsylvania. We tried to ascertain the names of the colleges from which the unsuccessful candidates graduated, but were informed that it was not the custom to give these to the public.

We have two new advertisers this month : The Angier Chemical Co., and the Virginia Pharmacal Co. The former advertises a Petroleum Emulsion, with which we have been familiar for a long time ; while the latter gives us a new Coca Wine, and other preparations.

Experiments with Terraline.

In the November number of *Food* the editor of this journal contributes an article on "Some Experiments With Terraline." The object of the experiments was to determine whether terraline is digested and absorbed after the fashion of other oils. The experiments were performed on a number of cats. The plan was to administer to these animals some of the terraline, wait until the digestive juices had acted on the preparation, and then examine the contents of the intestine, as well as look for distended lacteals. The cats were kept without food or drink from 36 to 48 hours when they were fastened to a board and a quantity of the terraline forced into the stomach by means of a syringe, the nozzle of which was introduced well down the œsophagus. The animals were killed in from 4 to 7 hours after the oil had been administered, being put to sleep by means of chloroform. Immediately after death the abdomen of the animal was opened and the stomach examined for traces of the oil remaining there, but in no instance was any found. The intestine was then opened a few inches below the stomach by a longitudinal incision. Through this incision a yellowish liquid appeared. A drop of this was immediately placed on a glass slide, carefully covered, and examined with a 1-5 objective and C. eye piece, giving a magnifying power of 500 diameters. The field of the microscope was seen to be filled with minute oil globules, some so minute they were scarcely visible with this power of the instrument, and a higher one was substituted. A large number of the slides were examined as prepared from each animal experimented upon with the universal result of showing that the emulsifying power of the digestive juices was most beautifully illustrated.

In two of the animals experimented upon, light-colored, distended vessels were seen in the mesentery. These were opened and their contents examined under a high power of the microscope. The examination showed that these distended vessels, lacteals, were filled with the most minute particles of fat.

From these experiments the author concludes that terraline is completely broken up and emulsified by the action of the digestive fluids of the cat. A further conclusion is that terraline is also absorbed. Professor Hare of Philadelphia makes the statement in the last edition of his therapeutics that vaseline is not digested. The author accepts this statement as final, coming from such an authority; but as it has been proven that terraline is digested, it logically follows that terraline and vaseline are not identical.

BOOK REVIEWS.

THE PRINCIPLES AND PRACTICE OF SURGERY. By John Ashhurst, Jr., M.D., Barton Professor of Surgery and Clinical Surgery in the University of Pennsylvania, Surgeon to the Pennsylvania Hospital, Philadelphia. New (6th) edition, enlarged and thoroughly revised. In one octavo volume of 1,161 pages, with 656 engravings and a colored plate. Cloth, $6.00; leather, $7 00. Philadelphia: Lea Brothers & Co., 1893.

It is not only an evidence of literary skill to be able to tell what you know in clear language, but it is even a higher evidence if the ability is shown to record observations in a comprehensive and concise manner. When we think for a moment of the wide field that general surgery affords to an author we can readily understand that it requires great judgment to condense to a single convenient volume such a vast amount of material. Professor Ashhurst gives us this sixth edition thoroughly revised in accord with the foremost state of the subject. The whole work has not only been entirely re-examined but there has also been added a number of new chapters. We notice an entirely new chapter on surgical bacteriology; while the sections on gynæcology, and the chapters on the diseases of the eye and ear have been almost entirely rewritten. To make room for this new matter many statistical tables have been summarized instead of being printed in full; and matter which

is of value only for its historical interest has been omitted. A number of new illustrations have been introduced, made chiefly from photographs.

We do not know how the student could get a better book than this from which to obtain his knowledge of surgery. It considers every surgical injury and disease and is, therefore, a most concise and complete text-book on modern surgery. Such a complete and excellent work cannot fail but receive the generous support of the profession, as well as meet with a large sale among the great host of the younger profession now at work in our medical schools. For sale by Lowdermilk & Co., of this city.

MATERIA MEDICA AND THERAPEUTICS. By Roberts Bartholow, A. M., M. D., LL. D., Professor of Materia Medica, General Therapeutics and Hygiene in the Jefferson Medical College of Philadelphia. Eighth Edition, Revised and Enlarged. New York: D. Appleton & Co., 1893. Cloth, $5.00; Sheep, $6.00.

We are glad that Professor Bartholow is able to give to the profession another evidence of his great ability. The profession has always been ready to welcome anything that came from his pen, and he never writes to disappoint. His work on Materia Medica has long been a text-book in many of our medical colleges and hundreds of students have burned their midnight oil over its pages. Bartholow is so popular with the medical student because his statements are always so clearly given and because the student is always able to find everything to which his teacher has referred in the lecture-room. The eighth edition differs from those preceding it in that so many changes were called for to make it conform with the new revision of the United States Pharmacopœia. The practitioner as well as the student was probably disappointed when this new pharmacopœia appeared, because there could not be found in it any reference to any of the synthetical products which are in such general use at the present time. Professor Bartholow recognizes the value of these products and gives all possible information regarding them. If he had not done so we do not believe we should regard this edition as a complete one. As it is, however, it lacks nothing in both thoroughness and completeness. This book is for sale at William Ballantyne & Sons, 428 Seventh Street, Washington.

A SYSTEM OF GENITO-URINARY DISEASES, SYPHILOLOGY AND DERMATOLOGY. By various authors. Edited by Prince A. Morrow, A. M., M. D., Clinical Professor of Genito-Urinary Diseases and formerly Lecturer on Dermatology in the University of the City of New York; surgeon to Charity Hospital, etc. Fully Illustrated. In three volumes. Vol. II. Syphilology. Sold by subscription only. Price, $6.50 per volume in cloth; $7.50 in sheep. D. Appleton & Company. 1893.

The general scope of this "system" was set forth in the March number of this journal, where the first volume was reviewed. Volume II. is a complete and systematic treatise on syphilis and chancroid. Historical questions are laid aside in this volume as in its predecessor, and only essential facts and live, practical questions are discussed. There has been a great deal written on these subjects within a few years, a fact which the authors have taken advantage of in gleaning only the best and presenting that in a compact and available form.

The theory of the bacteriological origin of syphilis is set forth as explaining many of the morbid processes of this disease not explained in any other way. The relation of syphilis to tuberculosis and to many obscure diseases of the nervous system receive full consideration. We also notice that the relation of this disease to public health is very forcibly presented.

The subjects of diagnosis and treatment are given even more fully, it appears to us, than is customary. At any rate, they are given a great deal of space. We also notice another special feature, in that the manifestations of this disease in different organs are presented by individual contributors. In this way many valuable suggestions and points in diagnosis are brought out by the most skilled specialists.

A large number of the illustrations are original and are finely executed. Some of these deserve more than a passing notice. For instance, some of the full-page illustrations are the result of photography and lithography combined, this being the first time that this process has been applied to medical subjects. But the illustration which is most interesting to us is the plate reproduced by the typogravure process in colors. The result is obtained by photographing the three primary colors from which the three color plates are made, thus assuring photographic accuracy and also giving the natural colors.

We have lately seen some beautiful work done by this process, and it is nearly "photographing in colors." If the process can come into general use it can be made of great practical benefit. There are nearly a thousand pages of text in this volume, profusely illustrated, as already indicated.

This is a most exhaustive work of reference, and when the three volumes are completed it will be accepted as the authority on the subjects presented for many years to come.

ESSENTIALS OF MINOR SURGERY, Bandaging and Venereal Diseases, Arranged in the Form of Questions and Answers. Prepared especially for students of medicine. By Edward Martin, A. M., M. D., Clinical Professor of Genito-Urinary Diseases, Instructor in Operative Surgery and Lecturer on Minor Surgery, University of Pennsylvania; Surgeon to the Howard Hospital; Assistant Surgeon to the University Hospital, etc., etc. Second edition, revised and enlarged. 78 illustrations. Philadelphia: W. B. Saunders, 925 Walnut Street, 1893. Price, $1.00.

It goes without saying that the medical student of the present time is greatly overworked, if he pays proper attention to all of the subjects presented to him. It cannot be expected of him that he become familiar with the larger textbooks on all subjects. Even if this were the case he would still find such a book as this a great aid to him in formulating his knowledge. It must be remembered, however, that these question-compends do not take the place of larger works, and their authors never intended them to do so. By asking questions and getting clear and concise answers to them, the book thus becomes a sort of textbook for the private quiz class. This is the proper way for a book of this kind to be used, and we suggest to students that three or four of them form a private class, and while one of them propounds the questions from this book, the others give the substance of the answers as here recorded. The student should also have the larger books of reference within reach; but this is the most convenient and altogether the best method of testing one's knowledge on the subject at hand.

DUANE'S STUDENTS' DICTIONARY OF MEDICINE. The Students' Dictionary of Medicine and the Allied Sciences. Comprising the Pronunciation, Derivation and full Explanation of Medical Terms, together with much collateral descriptive matter, numerous tables, etc. By Alexander Duane, M. D., Assistant Surgeon to the New York Ophthalmic and Aural Institute; Reviser of Medical Terms for Webster's International Dictionary. In one square octavo volume of 658 pages. Cloth, $4.25; half leather, $4.50; full sheep, $5.00. Philadelphia: Lea Brothers & Co., 1893.

This work should certainly bear the closest examination, as it is the result of the labor of a man abundantly qualified in every way for the difficult task. Dr. Duane is known as the reviser of the medical terms for Webster's International Dictionary. The special training he received in that work has served as the best of preparations for a volume of this character.

Medical students are here provided with full information concerning every word they will meet in acquiring their professional education. Each word is followed by its correct pronunciation, shown by means of simple phonetic spelling. The definitions of the words are of an explanatory style, giving much descriptive matter as well as a statement of meaning. We thus have a volume that must receive attention for its practical utility rather than its historical tradition. Under the principal diseases a sketch is given of their causation, symptoms and treatment; under the more important organs is given an outline of their structure and functions; while under each drug an account is given of its action and therapeutic uses.

Derivation of words is given that the meaning may be more vividly fastened in the memory. Ordinary type is used in the place of the Greek to render this feature more valuable to those unfamiliar with that language.

The size of this book is such that it can be used without disadvantage, while the price brings it within the reach of the largest number of those needing it. There can be no doubt but that it will have a most extensive sale among all students of medicine, while its clear and sufficient definitions will make it a good working volume for the practitioner.

THE MEDICAL NEWS VISITING LIST FOR 1894. Weekly (dated, for 30 patients); Monthly (undated, for 120 patients per month); Perpetual (undated, for 30 patients weekly per year); and Perpetual (undated, for 60 patients weekly per year). The first three styles contain 32 pages of data and 176 pages of blanks. The 60-Patient Perpetual consists of 256 pages of blanks. Each style in one wallet-shaped book, pocket, pencil, rubber and catheter-scale, etc. Seal grain leather, $1.25. Philadelphia: Lea Brothers & Co., 1893.

"The Medical News Visiting List for 1894" has been thoroughly revised and brought up to date in every respect. The text portion (32 pages) contains useful data for the physician and surgeon, including an alphabetical Table of Dis-

eases, with the most approved Remedies, and a Table of Doses. It also contains sections on Examination of Urine, Artificial Respiration, Incompatibles, Poisons and Antidotes, Diagnostic Table of Eruptive Fevers and the Ligations of Arteries. The classified blanks (176 pages) are arranged to hold records of all kinds of professional work, with memoranda and accounts. Four styles are now published: Weekly (dated, for 30 patients); Monthly (undated, for 120 patients per month, and good for any year); Perpetual (undated, for 30 patients weekly per year); and Perpetual (undated, for 60 patients weekly per year). This last style consists of 256 pages of assorted record blanks, without text. "The Medical News Visiting List" adapts itself to any system of keeping professional accounts. Each style is in one volume, bound in handsome red leather, with pocket, pencil, rubber and catheter-scale, price, $1.25. When desired, a Ready Reference Thumb-letter Index is furnished, which is peculiar to this Visiting List, and will save many-fold its small cost (25 cents) in the economy of time effected during a year.

LEONARD'S PHYSICIAN'S POCKET DAY-BOOK. Bound in red morocco, with flap, pocket and pencil loop, price post-paid, $1.00. Published annually by the Illustrated Medical Journal Co., Detroit, Mich.

This popular daybook is now in its sixteenth year of publication. It is good for *thirteen* months from the first of *any* month that it may be begun, and accommodates charges for fifty patients daily for that time, besides having cash department, and complete obstetric records. There is space for the diagnosis of each case, or for brief records of the treatment adopted, following each name-space. Name of each patient needs to be written but three times in a month. It has the usual *printed matter*, such as: Dose List; Poisons and Antidotes; Urinary Tests; Exanthematicæ; Disinfectants; Weights and Measures. The book is 7½ inches long and 3½ inches wide, so that it will carry billheads or currency bills without folding. It is bound in flexible covers, and weighs but five ounces, so that it is easily carried in the pocket.

THE PHYSICIAN'S VISITING LIST. Lindsay & Blakiston's.

Aside from the other features, the size and weight of this visiting list recommend it. It measures 6⅛ x 3⅞ inches, and the smallest size weighs but 3½ ounces, and is only ⅜ of an inch thick. The large sizes are a little thicker and heavier.

The binding is strong, with gilt edges, uniting durability with neatness. The covers are made of strong leather. The paper, manufactured expressly for it, is strong, and as thin as is compatible with safety, and easy to write upon. A superior pencil with rubber tip, made for this purpose only by the Dixon Co., accompanies each copy. It is arranged for 25, 50, 75 and 100 patients per day or week, dated and undated, with or without interleaves for special memoranda. A new undated Monthly Edition has also been added to the series. The large sizes can be had bound in two volumes, each volume covering six months, for greater convenience. This visiting list has been published annually for 43 years.

AMERICAN TEXT-BOOK OF GYNÆCOLOGY.

Mr. W. B. Saunders, Publisher, of Philadelphia, Pa., announces this work as ready for early issue. It is the joint work of Drs. Howard Kelley, Pryor, Byford, Baldy, Tuttle and others who stand before the profession for all that is progressive in gynæcology. The work will contain operations not before described in any other book—notably, ablation of fibroid uterus. It is designed as a profusely illustrated reference-book for the practitioner, and every practical detail of treatment is precisely stated.

We have just learned that the *Woman's Medical Journal* has freed itself from the Amick Consumption Cure. The physician who informs us of this fact says "Hoorah for the Ladies." We join in the acclamations of approval and will do all we can to send abroad the glad news. There is nothing of the young kitten about the *Woman's Journal* now. It has its eyes wide open and can see clearly the condition of things about it.

NEWS ITEMS.

The *Medical Herald* says that "Dr. Bransford Lewis, of the St. Louis *Medical Fortnightly*, has returned from a hunting expedition in Arkansas." Did the doctor bring home some Arkan sas, or was he simply hunting for an Ark an' Saw?

One of the attending physicians at the World's Fair (Chicago) Hospital, who has a large private practice, reports to us that he uses Chloralamid largely in sedative doses (3 to 5 grains) for nervously exhausted patients, and he claims that it is the most remarkably efficacious remedy he ever used for giving magical relief in sick (nervous) headaches, physical exhaustion and kindred conditions brought about by excitement, optical strain, heat and unusual exercise.

After many years of special experience in the treatment of pulmonary consumption and its various complications, I find the prescription herewith enclosed the most efficient and least disturbing to combat hectic fever :

℞ Phenocoll.
Salicin ãã gr. 48.
Sulphate Hydrastiæ gr. 24.
M. ft. 24 capsules.

Sig : One capsule every four to eight hours, as may be necessary to cool or prevent hectic fever. Of course, such other treatment, local or constitutional, as may be indicated should be diligently administered. Q. C. Smith, M. D.,
Austin, Texas.

I used Peacock's Bromides with success. In epileptic fits, especially one case of ten years' standing, in which I exhausted all remedies at my command, it has proven a valuable remedy, always positive and constant. I cheerfully recommend it to the medical profession.
Horace C. George, A. M., M. D.
Altoona, Pa.

It affords me great pleasure in saying that I have had signal success with Cactina Pillets in various forms of heart disease, in alcoholism, excessive tobacco, more especially chewing. Cactina Pillets are invaluable. I shall continue to prescribe them.
Thomas W. Webb, L. R. C. P., L. M.
Waterford, Ireland.

We received a call from a physician a few days ago and as he was leaving he took his card-case from his pocket to give us his card. We were pleased to notice that the card-case consisted of the bright morocco case sent out by the Antikamnia Company. A day or two later we were in a street car and noticed that an elegantly dressed woman was carrying one of these Antikamnia cases from which she produced a car ticket. We also noticed one of these cases in the hands of a bright young miss as she stood at the counter of one of our dry goods stores. It is presumed she found it convenient to carry her small change in. Our Antikamnia friends are thus accomplishing more than they thought of doing when they so generously distributed their cases throughout the country.

In the treatment of Nervous Diseases and General Debility, McArthur's Syrup Hypophosphites demonstrates its restorative powers. Here it is not the stimulating action of the remedies usually classed as tonics that is needed. The organic powers of the system are already taxed to their utmost ability to carry on the physiological processes of life. The Hypophosphites of lime and soda gives the much-needed effect in these conditions—not that of a stimulant by irritation, but that of a true nutriment to the starving tissues. Its tonic effects are permanent as they are the effects of a richer blood supply, bringing healthy food and oxygen to the tissues. Thus the patient is gradually brought up to his normal condition.

If testimony amounts to anything it must be true that there is efficacy in the medicinal properties of Sanmetto when used for the various genito-urinary diseases ; for we are in receipt of a large pamphlet filled with letters from members of the profession all testifying to its curative value. Sanmetto derives its name from a blending of Santal and Saw Palmetto. Both these drugs have well recognized therapeutic properties. We notice a number of testimonials relating especially to the curative power of Sanmetto in prostatic troubles.

Dr. Wyatt Wingrave, Surgeon at the London Throat and Ear Hospital, remarks:

"I have great pleasure in expressing my appreciation of Esencia de Calisaya. It is an ideal 'Pick-me-up' and general tonic. It is slightly stimulant to the gastric mucous membrane, and is particularly useful in atonic dyspepsia. *In the alcohol habit, it satisfactorily neutralizes the craving for spirits*, and will be found of great service in treating this distressing disease. It remains for me to speak briefly of individual manufacturing establishments. This journal has previously contained such detailed reports on Parke, Davis & Co., of Detroit, that I need add but a few words respecting the internal operation of these laboratories which stand alone in extent and perfection of equipment. The most outrageous pedant is forced to unqualified admiration when he sees the painstaking care and caution to insure reliability, with which the colossal manufacturing operations are conducted, and with which every single pill, tablet, olution and extract is made actually and absolutely to contain what is claimed on the label. This is achieved by a remarkable system of graduated responsibility within the entire corps of officials, each superior being held accountable for the errors of his subordinates, should the real culprit not be detected.

"A visit to this factory shows that operations on a manufacturing scale are conducted at no sacrifice whatever of the accuracy and caution characteristic of our craft—on the contrary, that the extensive production renders possible a perfection in the preparations which would be inconceivable in work of lesser magnitude."—*From report of Dr. Leo Egger, of Vienna.*

"In my daily routine of practice I am constantly finding new uses for Platt's Chlorides beyond its well-known properties as a disinfectant. Properly diluted I find it exceedingly useful in deodorizing the very offensive discharges which accompany diseases of the ear and of the nasal cavity; in obstetrics it should never be forgotten; in vaginal diseases nothing is more necessary, being both cleansing and healing; and in diphtheria, used as a spray of proper strength, I believe it to be the most useful of local agents." THOMAS H. SALMON, M. D.
Lansingburgh, N. Y.

Dr. W. A. Jones, of Malvern, Ark., under date of October 3, 1893, says: "I have given Papine a thorough test and like it much better than any other preparation that I have ever used of all the opiates. It never nauseates, either primarily or secondarily, and has given relief where all the other preparations of opium have failed. It acts well as a febrifuge."

Dr. R. R. Ball, an assistant surgeon in the army, reports an interesting case of Puerperal Eclampsia. The case is especially interesting because of the novel after-treatment. As the uræmic condition continued for some days after delivery, the patient was put upon Buffalo lithia water. No other water was allowed. About three quarts were taken daily. The urine increased in quantity at once, and the amount of urea was also greatly increased. At the end of six weeks the patient went away on a visit, but she was soon suffering such discomfort that she returned home. An examination of the urine showed a diminished amount with the presence of albumen and casts. She was again placed upon the lithia water, when immediate improvement was apparent. The patient finally made a complete recovery.

The marked benefit as a result of the natural lithia water shows the power of this drug, in its natural state of solution, in dissolving the rapidly accumulating urea out of the minute uriniferous tubules, thus removing this vital poison, always so prominently existing in these cases. Dr. Ball concludes his paper which is found in full in a late number of the New York *Medical Journal*, by saying that if the use of this water were earlier resorted to, many of these patients would escape the further development of the insufficient renal development.

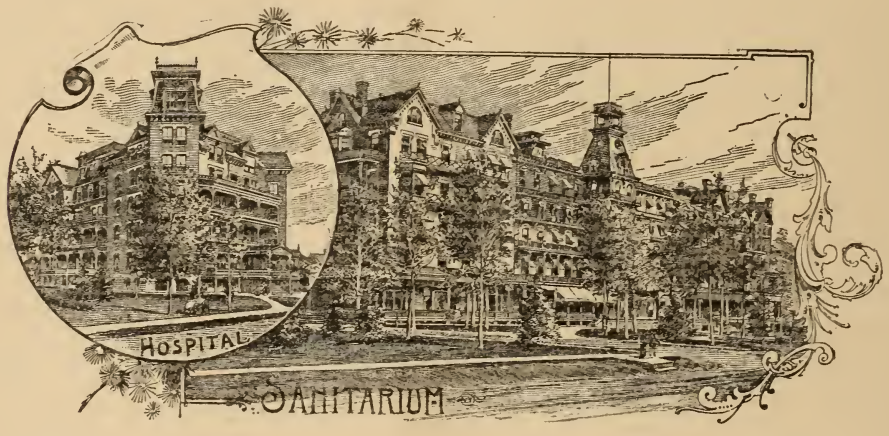
The results obtained from Bromidia have been excellent. It combines all advantages of other hypnotic preparations without their disadvantages. The fact that it produces no unpleasant sensation on awakening renders it specially valuable. — *Chicago Medical Standard*, November, 1893.

Virginia Medical Examining Board.

The Virginia Medical Examining Board gives very complete accounts of its examinations. The institutions represented by the applicants are given with the percentage received in each section. At the last examination, held September, 1893, there were thirty-six applicants before the board, of which twenty-three were granted licenses. Nine applicants were from the University of Virginia, all of whom were licensed. Four applicants were from the Baltimore Medical College, but one of whom was licensed. In the *Virginia Medical Monthly* for November can be found the list of all the institutions represented by the applicants which have appeared before this board since its organization some eight years ago.

That Geneva Mineral Water.

We were much surprised to see a number of bottles of this mineral water on the shelf of a prominent office in this city. "Why do you drink that?" we asked. "Because Dr. —— told me to," was the astonishing reply. This same doctor is one of those who has so much to say about the code and the science of medicine. Science of medicine! Nonsense. Talk about raising the standard of medical education, and then prescribe a remedy that is advertised to "dissolve stone in the bladder in thirty-six hours"! Just as well dismiss all our teachers and consult the Chinese medicine books! The statements of Lydia Pinkham, Hood, Beecham and Warner are mild as compared to those of the Geneva company.



THE SANITARIUM, BATTLE CREEK, MICHIGAN.

INCORPORATED 1867.

The largest, most thoroughly equipped and one of the most favorably located in the United States. It is under strictly regular management. Eight physicians, well trained and of large experience. A quiet, home-like place, where "trained nurses," "rest cure," "massage," "faradization," "galvanization," "static electrization," "Swedish movements," "dieting," "baths," "physical training," and all that pertains to modern rational medical treatment can be had in perfection at reasonable prices. **A special Hospital Building (150 Beds) for surgical cases with finest hospital facilities and appliances.**

Large Fan for Winter and Summer Ventilation. Absolutely Devoid of Usual Hospital Odors. Delightful Surroundings. Lakeside Resort. Pleasure Grounds, Steamers, Sail-boats, etc.

J. H. KELLOGG, M. D., Sup't, Battle Creek, Mich.

PURE GLUTEN BISCUIT

The undersigned have for several years been manufacturing a pure gluten for a few physicians. We are now prepared to furnish to the medical profession **the one pure gluten biscuit manufactured in America.** For samples and prices address

SANITARIUM FOOD CO., Battle Creek, Mich.

THE
NATIONAL MEDICAL REVIEW.

VOL. II. WASHINGTON, JANUARY, 1894. No. 11.

CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

The New Tariff Bill.

The so-called Wilson bill comes to us as a gentle breeze from the ocean in the hottest day of August; or as the warmth from the sun during the first days of spring. That for which we have so often longed has come to pass. We not only believe the country is now safe but we also know that great relief will come to our own person. The overwhelming tariff of eighty-five cents on castor oil has been reduced to thirty-five cents! We have longed for a freer supply of this nutritious material, but the excessive duty on it has kept us from indulging in the luxury to that degree which our desires naturally dictated. With the duty lowered we can now prescribe this far more freely to our personal enemies. Then the duty on blacking has been reduced from twenty five to twenty per cent. Now that winter is upon us and we have no excuse for our russet shoes, we are glad that this great reduction will enable us to make a more presentable appearance to our friends. We are disappointed in that the duty on fashioned stockings was not reduced, as we had been waiting to take advantage of such reduction. But playing cards have been reduced from nearly three hundred per cent to ninety-two per cent. We will now be able to occupy a great part of our time in this intellectual pursuit.

We have not studied the bill sufficiently to know what other advanages it offers to the medical man, but we are informed by a daily journal that "all duty from such remedies as pulverized bones and balsam of bats" has been removed. It is said that during the reign of Henry IV. these remedies were in great use, the balsam being made from adders, bats, bones, earth worms and a number of other such ingredients. When the duty is removed from all such products of the older pharmacopœia we shall expect our mother country toexport them to such an extent that they will again come into general use.

Mr. Hart's Address.

We get some very valuable information from a late number of the *British Medical Journal*, of which Mr. Ernest Hart is the editor. A correspondent writes to that journal concerning Mr. Hart's address before the Pan-American Congress. Mr. Hart had not proceeded far in his address when, the correspondent says, "a buzz of sensation passed through the hall and the audience sat down to listen with intense interest, for medical etiquette is by no small section of American practitioners openly disregarded." We learn further that "almost every sentence was punctuated with applause and at frequent intervals the lecturer had to stop to allow the rounds of

applause to subside." But at the close of the discourse, the writer says, "the orator received shoals of congratulations from leading physicians from all parts of the United States." Some parts of the oration "produced a profound sensation." There seems to be but one drawback to all of this beautiful story as related in Mr. Hart's journal. It is that "the press here exercises a dominant and oppressive power, which it frequently uses unscrupulously for dangerous and degrading purposes." The writer says that these papers have been very outspoken in their denunciation of the address; but "the contents of these newspapers are habitually such that no decent household dares let them lie within the ken of its women."

This report of Mr. Hart's address, as sent to his own journal, reads very much like the newspaper report of some political speech as given before some great mass-meeting. Applause, cheering, laughter, long-continued applause and great excitement formed prominent features of the report.

Which is the Better?

From one of our foreign exchanges, *Hygiene*, we learn of a new Chinese preparation recently put on the market which "will cure all affections of the five intestines and derangements of the seven emotions"—Chinese physiology, our exchange says, is as wonderful as Chinese physic—and that it will speedily and effectually relieve every ailment under the sun. Here are directions for its administration, the dose being equal to a quarter of an ounce: "Take it for five days, and the body will feel light; take it for ten days, and your spirits will become brisk; for twenty days, and the voice will be strong and clear and the hands and feet supple; for one year, and white hairs will become black again and you will move as though flying. Take it constantly and all troubles will vanish, and you will pass a long life without growing old."

How much better advertisements do we find in our own country, where so many diseases are "positively cured"; "Rheumatism cured in a few hours"; "stone in the bladder dissolved in thirty-six hours," etc.?

The Cimex Lectularius.

In one of our exchanges we notice an interesting article on parasites of the skin and the treatment of the injuries they inflict. The "treatment of the cutaneous trouble caused by the cimex lectularius" is fully given; but if the writer would describe some method whereby the cause of all this trouble could be removed, he would be voted a pension by all those who are a source of attraction to this enemy as they lie down to rest in some strange quarter.

New Method of Convalescence!

A brilliant writer in one of our exchanges thus cautions his readers: "After confinement, the woman should remain in bed long enough to assure that all will be safe; then, she should at first sit up before she gets on her feet." We have experimented for some years on this method of getting out of bed, and we can assure the doctor that it is well to sit up before standing!

American Medical Publishers' Association.

The first annual meeting of this Association was held in the Grand Hotel, Cincinnati, on Monday, December 4, 1893, and steps were taken in the direction of active, routine work. The by-laws and rules were revised and amended, while the name was modified in accordance with a demand from medical publishers of a general nature who desired to become members of the Association. The active co-operation of every medical publisher is earnestly solicited.

Next meeting in Washington, D. C., September, 1894. Officers: President, Dr. Landon B. Edwards, Richmond, Va.; Vice President, Dr. J. C. Culbertson, Cincinnati, Ohio; Treasurer, J. MacDonald, Jr., New York City. For application blanks and copies of the Articles of Association, address

CHARLES WOOD FASSETT, *Secretary*,
Corner Sixth and Charles,
St. Joseph, Mo.

Biography of Ephraim McDowell.

We are informed that the second edition of the biography of Ephraim McDowell, M. D., has been unavoidably delayed owing to matters entirely beyond the control of the promoters of the work. The revision is nearly completed and the new edition will be delivered to all subscribers in the early part of the new year.

American Editors' Banquet.

We have been unable to procure a complete record of the banquet given by the American Editors' Association during the Pan-American Congress, until we received the last number of the *Alienist and Neurologist*. Among the responses made at that time we quote the following as given by physicians of this city:

Response by Dr. S. S. Adams.

TOASTMASTER: There is, in the regular order, a sentiment and a name which appeals to every man's heart, who has a heart. It makes no difference if he is an American or a Pan-American. No matter where he comes from, a man who has red blood corpuscles in his veins with the proper proportion of hæmoglobin, a man whose glands secrete the milk of human kindness rather than bile. There is not one man on earth so constructed but will appreciate the name that will be presented to you next. [Applause.] I refer to Washington, and it is proper a member of the Adams family should respond to that toast. I have definite information that the one who is to speak to you is a direct descendant of the Adams family, Samuel S. Adams. Gentlemen, he will speak to you, and he will do better than that, during the week to come he will act for you; he will work for you as he has been doing for many weeks, he will feed you, water you and be good to you. [Laughter.] The Chairman of the Committee of Arrangements of the Pan-American Medical Congress, Dr. Samuel S. Adams, will respond to the sentiment,

"THE CITY OF WASHINGTON."

Mr. President and Gentlemen:—I feel somewhat like the tail of a kite: This is the tail of the evening, and I have been placed at the tail of the program. However, it affords me much pleasure to be able to respond. After working for several months on the Congress, the heat being excessive, and having an intelligent wife, I was, therefore, persuaded, to betake myself to the Ozark Mountains for a week's rest. I arrived in St. Louis and proceeded to the house of Dr. Love, where I found a number of medical gentlemen awaiting my arrival. I begged them to let me go to bed, for I was nearly dead from riding in the sleeper. A day later they took me bodily to the Ozarks. Then the first thing presented was an excursion to a river about ten miles away. We went to this river, and after we got there we had a thrilling experience worthy of being repeated. It was dark, and when we reached the river and had gotten about four feet from the bank, the driver said he thought he had lost his way but was willing to try. I assured him he would not try with me, for I couldn't swim in the dark. Finally we reached the camp, and there met a number of citizens of St. Louis, who were possessed of some musical abilities. The darkies had caught some chickens, and

from that time until seven o'clock next morning we were kept alive and awake by our own post-prandial story-telling and musical abilities, and the same toastmaster, who is now serving us. This city is usually a quiet place except during the sessions of Congress. We are able to present to the Pan-American Congress most healthful water and most salubrious weather. We have, with the assistance of the citizens, provided as well as we could. We present to you its hospitality, and we trust that when this Pan-American Medical Congress adjourns, you can look with pleasure to your visit to the Nation's Capital. As citizens of this District we are as nothing. We are taxed by your representatives, we are told that we must contribute so much for the maintenance of the city; and, thanks be to heaven, those representatives have made Washington what it is to-day, for I can remember when she was a mud hole. We extend to you the welcome of the citizens, nutrition, stimulation and good cheer.

Response by Dr. H. L E, Johnson.

TOASTMASTER: Dr. H. L. E. Johnson, Chairman of the Committee on Transportation, to whom we are all under great obligations for his efficient work, and particularly for his charming personality, will now present himself.

Mr. President and Gentlemen:—I attended the Banquet of the Editors' Association in 1886. They then confined their remarks to the Southern States, but they have now put a girdle, as it were, around the entire Western hemisphere. They have called together the members of the entire Western hemisphere to meet in a Medical Congress, to form a body, as has been said, for professional advancement. This Congress will surely be a success.

We should pay a very warm tribute to the Washington Post. The gentlemen on the staff of that paper went before Congress and said they were in favor of it and would support it. Members of the United Press said they were in favor of it and would support Congress in anything they would enter into.

I want to go on record as saying that to Senator Gorman, of Maryland, and the Washington Post we are greatly indebted for the success of the first Pan-American Medical Congress.

In closing, gentlemen of the American Medical Editors' Association, let me congratulate you upon the efficient work that you have done individually and collectively in supporting the Pan-American Medical Congress, and in so pleasantly setting the ball in motion as you have done this evening.

Response by Dr. W. A. Hammond.

I call then upon Dr. William A. Hammond, ex-Surgeon General of the United States [Applause], and also a member of the medical press of the United States, founder of the *New York Medical Journal*, the old *American Weekly Journal* of the United States, to respond to the sentiment,

"THE MEDICAL DEPARTMENT OF THE UNITED STATES ARMY."

Mr. President and Gentlemen:—When told that I would be called upon to make a speech, "I was taken entirely back," to use a Western expression, and I am somewhat familiar with Western expressions, having spent the best part of my life, after I was twenty-one years of age, west of the Mississippi. However, I know a great deal about the worthy gentleman who now presides at the head of the medical department of the army. Dr. Sternberg, as you all know, is a scientist of the first order. The whole medical profession welcomes him. He was not my first choice, and he knows that as well

as I do, but after he was appointed I, as well as all others, gave him my cordial support, and I have no doubt will continue to support him, for there is no doubt he will ably fulfill the duties of the high position to which he has been called.

Now, Mr. President and gentlemen, some twenty-four hours before I came here I had a visit from a gentleman from Missouri. He came from St. Louis. After I had questioned him in regard to his symptoms and so on, I had occasion to ask him if he was acquainted with Dr. Love. He told me he was and knew him very well. I said, "He is a very prominent physician in St. Louis, is he not?" "Oh, yes, but he got me into some trouble once." "How was that?" "Well, I was very sick once under his care and I was troubled with hallucinations and illusions, and I dreamed I was dead; that I died, and as a good Christian, went up to heaven and knocked at the door. St. Peter was there and he asked me my name. I replied, 'Thompson.' 'Where do you come from?' 'St. Louis.' 'First name?' 'John.' He took out his book and went over Thompson and St. Louis, and he said, 'Mr. Thompson, there is some mistake, you are not entitled to come here.' 'Well,' I said, 'this is very hard, for I went to the other place first.' He asked, 'Who was your doctor?' 'Dr. Love was my doctor.' He turned over the Loves, and said, 'Why, Mr. Thompson it is all right; you are here fourteen years before your time.'" [Laughter and Applause.] I think that was a fair return of Dr. Love. Now, as my five minutes are about expired, I will take my seat. [Applause.]

The Beauty of Abbreviations.

One of our exchanges has a quotation from the *Virgin. Med. Monthly*. To be sure the Virgin is only twenty years and ten months old, yet it has all of the well developed characteristics of a maiden of forty. We can assure our exchange, however, that Dr. Edwards always has his lamp trimmed and burning and filled with the richest and most highly nourishing oil.

The Value of Titles.

The above makes us comment on the value of many of the titles we see added with so much flourish these days. A principal of a large school had two vacancies in his faculty to fill during the holidays. Although some parties came to him with the highest testimonials and although they were doubtless more than qualified for the positions, yet they were all informed that under no circumstances whatever would any one be recommended to the trustees for said positions unless he had valuable titles to his name. When we consider that there are colleges and so-called universities that will even give a LL. D., if the party shows his interest in said school by contributing generously to the annual deficit, then it is that we feel like adding to many of the titles the one given by Joseph Jefferson, that of A. S. S. We would inform our exchange referred to above that the moral of this story is—Be careful how you abbreviate.

Chronic Deafness.

In the December number of *Food*, Dr. J. A. Maloney of this city contributes an article on Chronic Deafness and Deaf-Mutism. Dr. Maloney relates a number of cases to show what can be done in the way of thorough, systematic treatment without instrumental procedures, or the radical operations now so much in vogue. The article is the continuation of one appearing in the October number, and both together form a most valuable contribution to the literature of these subjects.

Hunting After Something New.

It is wonderful to contemplate the ingenuity displayed by some persons in trying to invent new ways of doing things. If it is easy to jump over a brook, our ingenious friend will attempt to prove the dangers of jumping and that his method of walking around the head of the spring is much safer, notwithstanding it may not be so quick. The usual method of getting rid of too great a growth of the finger nails is to cut them off; but we shall expect our ingenious friend to write an article one of these days proving that it is much better to take some remedy that will check the growth of these nails and thus avoid the danger of cutting them! When we have a hypertrophic tissue in the nose, and when that hypertrophy can be painlessly, quickly and effectively removed by the galvano-cautery, and when no ill effects follow such a procedure, what sense is there in trying to invent some other method? Yet from an article of some six pages in the *Medical Record* we learn that the author much prefers the treatment of these hypertrophies by massage. Recognizing the difficulty, he says, of making one to two thousand vibrations a minute with the hand, he had an instrument made which does this work for him, called an electric vibrator. A number of cases are reported showing what can be accomplished by the use of this electric vibrator in the treatment of chronic hypertrophic rhinitis. After the twenty-third sitting in one case the patient had perfect free air passages. Now in this same case the galvano-cautery would have produced the same results in one-third the number of sittings and with far less work on the part of the surgeon. In the treatment of hypertrophic diseases of the nose and throat the galvano-cautery has no rival; an attempt to displace it by the employment of this internal massage is simply an attempt to introduce some new method which shall be put on record for its ingenuity.

The Ideal Woman.

The *Union Signal* has been publishing some communications from well-known men, giving their ideas about the ideal woman. The *Woman's Tribune* of this city likes this one best:

"The ideal woman is the one who, from conditions unknown, has caught the spirit of the ages and joined its great evolutionary march. * * * She is the woman who never stops growing, mentally, morally and physically, and who is always above the low levels of the present, and always struggling to higher conceptions and higher activities, and who makes the present stepping stones for the future."

We think we must have seen this ideal woman; for we remember once when a lad of paying a small sum to see a woman, whom, it must be, as we remember her now, had "never stopped growing," physically, at least. She was "above the low level" of those about her, seated on a high platform in an immense chair of gigantic frame. We remember also that she was "always struggling," either for higher conceptions or pure air. We presume also that the steps she used to reach her elevated position would answer for the future, too, as even then they looked care-worn and worm-eaten. Yes, she was the woman who had never stopped growing. Physiologists tell us that large bodies are more likely to have large heads; large heads hold large brains; and large brains, as a rule, have large mental capabilities. Therefore, "mentally" this woman answers the ideal standard. Therefore, we are now even more positive that we have seen the ideal woman, as the *Signal* and *Tribune* depict her.

Dissolution of Partnership.

We have received notice that the partnership of Hummel & Parmele, as medical journal advertising agents, expires by limitation with the close of the present year. Dr. Hummel will carry on the entire business as he has practically done for some time past. That the doctor is abundantly able to go-it-alone needs no verification to any of those who are acquainted with his indomitable pluck and energy. Mr. Parmele has enough to look after as Secretary and Treasurer of the Papoid Co. If any of our friends will call at 92 William Street, on their next visit to New York, and ask Mr. Parmele to represent to them the properties of the vegetable digestive Papoid, and if he cannot convince them in less than three seconds that it is the only digestive product in the whole universe we will be forced to declare that such a man is beyond the effects of sound philosophy and good common sense.

The Seventy-Fifth Celebration.

Preparations for the seventy-fifth anniversary of the Medical Association are progressing rapidly and now nearly all arrangements are completed. Full details for the same will be given in our next number. It has been the object of the committee thus far not to use any personal urging to have members subscribe to the banquet fund. The committee has desired rather that only those subscribe who feel able so to do and who also feel they would enjoy the evening's exercises. The desired number, in order that the banquet be a success, is nearly obtained, only a very few more names being necessary. As it is altogether probable that at least a quarter of a century will pass before this Association will have another celebration, so we would ask all of its members who can possibly do so to send in their subscription to the banquet fund to Dr. H. H. Barker, 1116 H Street.

THE PROGRESS OF MEDICINE.

A Case of Protracted Gestation.

At a meeting of the Medical Society of this city for October 11, Dr. Henry L. Hayes read a paper on a case of protracted gestation, with delivery on the 389th day. The author discussed the whole subject of protracted gestation, and gave the laws of several countries concerning the same. A number of cases already reported were given, and attention was called to the fact that in the lower animals, notably the cow and mare, gestation sometimes greatly exceeds the normal limits.

Dr. Hayes then gave a detailed account of a case which occurred in his practice where the period of gestation reached 389 days. Evidence was given, and all the facts argued freely, to show that there was scarcely a chance for an error in the time. In summing up the case, Dr. Hayes said:

"Her last menstruation ceased on the 6th of May, 1892, and she was delivered on the 30th of May, 1893—an interval having elapsed of 389 days, or 55 weeks and 4 days, 13 calendar months, lacking one week. Even admitting that fructification did not take place immediately subsequent to her last menstruation but just before the next expected epoch—that is, on the 30th of May—and deducting 23 days on account of this error, even then pregnancy must have existed 366 days, or one year and one day. A greater allowance for error than this could hardly be asked, I think; for, from the standpoint of a believer in the possibility of protracted gestation her visit to Dr. Barber could hardly

have been better timed. Occurring as it did at the earliest period at which the existence of pregnancy could be diagnosed with reasonable certainty, yet so late that she could not have conceived afterwards and produced a mature child, this visit is the keystone to the whole structure, and without it the whole case would have collapsed into a mass of assumptions based only on a foundation of the woman's unsupported testimony."

DISCUSSION.

Dr. G. N. Acker said that he had reported a case where the gestation lasted 305 days. He had recently had a case in which menstruation ceased in October, 1892, and delivery occurred on the 5th of last August. Dr. Acker then quoted from his published paper.

Dr. T. C. Smith said that he had a case where gestation lasted 321 days. He thought it would be impossible to explain such cases while all were not strictly virtuous.

Dr. S. C. Busey said that in all cases of protracted gestation the presumption is that there is a mistake somewhere. There may be a few cases which go over the prescribed limit, but 389 days was too great a discrepancy to attract his belief. While there are a good many sources of error, the essay was a credit to Dr. Hayes. Dr. Busey gave several cases of phantom pregnancies to show that mistakes could be easily made. In two he had been notified of the supposed periods of quickening.

Dr. C. D. Caldwell gave the history of a case in which the delivery took place six months after quickening.

Dysentery in Young Children.

At a meeting of the Medical Society of this city for November 15, Dr. S. S. Adams read a paper on Dysentery in Young Children. So much of this paper as relates to the treatment of dysentery is found in full in the January number of *Food*. Any of our readers desiring to see Dr. Adams's paper can have a copy of *Food* mailed to them by sending us a request for the same.

DISCUSSION BY DR. E. A. BALLOCH.

Dr. Balloch said that he could only speak in commendation of the thoroughly exhaustive paper. He had dropped one drug after another until he relied almost entirely upon the subnitrate of bismuth and irrigation. He had derived great benefit from hot saline solutions, which not only cleansed the bowel, but acted as an astringent. He would add one valuable remedy, egg albumin water, with or without brandy. He was convinced that opium did harm in this class of diseases.

DISCUSSION BY DR. C. W. BROWN.

Dr. Brown said he would indorse the treatment recommended by the essayist. His plan was to follow the irrigation by an injection of starch and laudanum. He graduated the dose to the age of the child—a fraction of a drop to a young infant—and had never seen any harmful effects.

DISCUSSION BY DR. G. L. MAGRUDER.

Dr. Magruder said that during his long service at the Central Dispensary he had seen a large number of cases of dysentery in children. The causes usually were bad hygiene, improper feeding, filth, such as had been mentioned by Dr. Adams. In this class it is impossible to irrigate, so he had to depend upon dietary measures, principally milk. He aided digestion by the sodium bicarbonate and extractum pancreatis. An astringent mixture containing bismuth and chalk was valuable. He had found small doses of the fluid extract of ergot soon controlled the tenesmus. He had avoided the use of opium because parents could not discriminate in its use. He thought its use should be condemned outside of hospitals.

DISCUSSION BY DR. A. F. A. KING.

Dr. King said that dysentery had been the same for the past hundred years, and that new remedies were constantly being brought forward, but were soon discarded. The general principle of management was the same as that for any other mucous membrane that is undergoing a catarrhal inflammation. Just as in other locations, the mucous was the principal irritant. This is proven by the irritated nates. Since the canal is irritated by its own secretions the indi

cations for treatment are to rid the bowel of this irritant or to reduce its irritating qualities. This can best be accomplished by administering a mild saline in the beginning, and then give freely of demulcent drinks, as flaxseed tea or barley water. We can also dilute the intestinal contents by giving plenty of cool water. Bismuth, in some manner, acts beneficially upon the intestinal coat. Ergot lessens the secretion by contracting the blood vessels. The continual application of hot poultices to the abdomen will afford relief and may cause contraction of the blood vessels of the intestines.

DISCUSSION BY DR. J. W. H. LOVEJOY.

Dr. Lovejoy said he usually gave calomel and Dover's powder, but did not confine his treatment to that. In adults he gave 10 grains of each, followed by a moderate purgative. We should clear out the intestinal tract in the beginning. This is best done with calomel, which is also one of the best germicides. He followed the same line of treatment, and then gave small doses of calomel and bismuth. He took care not to produce salivation. He was also satisfied that the discharges were very irritating. Irrigation was very valuable for washing out the canal and thus removing the irritant. He could not agree with Dr. Balloch as to opium, for he had many times derived benefit from its use. Moderate doses of nitrate of silver were also beneficial in both acute and chronic dysentery. He had had some experience with salol and had found it of some assistance in his hands.

DISCUSSION BY DR. G. N. ACKER.

Dr. Acker said that Dr. King had outlined his remarks upon the treatment of dysentery. While we all believe that dysentery is a self-limited disease, the question is, can it be modified by treatment. He did not think it could be done by opium. It is a disease of great intensity of action and medicines are of no great effect. The tendency of the blood is to form clots, so we must combat this factor. Some years ago Dr. Garnett reported a number of cases of dysentery successfully treated by calomel and Dover's powder.

DISCUSSION BY DR. LOVEJOY.

Dr. Lovejoy said he only used opium in those cases where restlessness and irritability are great, and not as routine practice. He did not claim that opium had a curative effect. He thought it advisable in all cases of dysentery to clear out the upper bowel every few days by a mild purgative. The irritability of the colon kept it clean, but fecal masses would accumulate in the small intestine in spite of the lower irritation.

DISCUSSION BY DR. S. S. ADAMS.

Dr. S. S. Adams, in closing the discussion, said that his paper had been written for a specific purpose and he was compelled to review the different methods of treatment. He, however, wished it to be understood that he did not indorse these methods, but adhered to the modern and simpler method of procedure. His own plan was very simple. The intestinal tract was cleared out if he had reason to believe that any irritating matter was in it; digestion was regulated by giving such food as is easily prepared and appropriated in the upper part of the tract. Dr. King had advocated the free use of drinking water, and he, Dr. A., gave such patients all the water they wanted. The tissues craved water and if the stomach rejected it but little if any harm was done. He then contrasted the use of hot and cold fluids for irrigation and said he preferred the latter. He had no faith in the efficacy of local antiseptics.

Laws of Growth of Bacteria.

The paper read by Dr. Robert Reyburn of this city before the Pan-American Medical Congress, on the laws of Growth of Bacteria Applied to Aseptic Surgery, has just appeared in some of our exchanges. Dr. Reyburn says that, after all, aseptic surgery is nothing but cleanliness, but when we say that, we mean cleanliness carried to a microscopic degree of perfection, and far surpassing the ordinary ablutions by soap and water. What we endeavor to do at the present time, before any surgical operation, is to so thoroughly cleanse the patient, the surgeons, assistants, nurses, surgical appliances and dressings (of course including the hospital and all its surroundings)

so that no germs of poisonous bacteria can infect the wound, and cause suppurating fever, and perhaps the death of the patient operated upon. Modern surgery starts out with the assumption that in an operation aseptically performed upon an aseptic patient, and by an aseptic operator, there should be neither suppuration nor fever following any surgical operation. This, of course, is the ideal of surgery, which cannot always be realized, but nevertheless it is the goal toward which we should aim, and which we should always endeavor to attain.

Dr. Reyburn concludes his paper by giving the following directions: 1. Never use a drainage tube in a wound unless you are absolutely certain you can get union by first intention. 2. If you have an amputation to perform, ligate every vessel requiring it with aseptic catgut, silkworm gut or silk; cut the ligatures off close to the vessels and leave them in the stump, close the flaps with similar sutures, and use no adhesive plasters in contact with the flaps of the stump. After you have stitched up the flaps, dust their surfaces with iodoform, boric acid or subnitrate of bismuth. Place over this a layer of iodoform gauze, then an abundant layer of aseptic cotton, and over all this two layers at least of a well-fitting bandage. The reason why I do not use adhesive plaster in contact with the flaps of the stump, is that it cannot be properly sterilized, and is very often the means of infecting the stump.

Above all things, never open a stump for ten or twelve or even fifteen days after an amputation, if the temperature of the patient is at normal point, or even a degree above. The last limb I amputated was dressed for the first time on the sixteenth day after the operation. On the other hand, if the temperature goes up to 102 or 103 degrees, open up the stump at once, and find out the cause of the trouble. In Bichât Hospital (located in Paris, France), I saw a number of stumps of amputation in the summer of 1892 which had only received two dressings, one on the fifteenth day; and the other final dressing on the twenty-eighth day after the operation.

Salophen.

In speaking of this new drug one of our foreign exchanges says it must be regarded as superior to all similar remedies both as regards its antirheumatic and antifebrile and its marked antineuralgic effects. Its chief point of superiority, however, is that it may be used without danger by the laity, inasmuch as symptoms of poisoning, such as have been frequently observed after the incautious use of antipyrine and antifebrine, never occur. We are therefore warranted in regarding salophen as one of the new remedies which, by reason of its freedom from danger and its prompt pain-subduing effect, will prove extremely serviceable as a household remedy in recent cases of acute articular rheumatism and nervous headaches. A physician should be consulted, however, in every case of acute articular rheumatism, since it never can be predicted with certainty whether th e disease, even if of mild character, will be attended with injurious consequences.

To Quiet Pain.

Food, for August, says: "We have often wondered whether a substitute could be found for morphine. The temptation to use this drug is often so great, its effects are many times so charming, that the young physician especially, is inclined to administer it too often. When we consider, on the other hand, some of the dire effects of this powerful drug, we are all the better prepared to welcome any substitute that will be less deleterious in its effects. The more we become familiar with Phenacetine, so much the more are we impressed with its great value. It certainly has a prominent place already in our list of valuable drugs. It acts promptly and effectively and quiets pain to a marvelous degree. We believe the more the drug is used so much the greater will it take the place of the preparations of opium."

Surgery of the Kidney.

From the Berlin letter in the *Therapeutic Gazette* we learn that Dr. Israel has operated upon the kidney over eighty times. Out of twelve cases of malignant disease, in which the kidney was re-

moved, two died from the operation; three died subsequently of what he calls collapse. Of the remaing seven all are living, the first operation occurring six and a half years ago. Out of thirty-five cases in which the kidney was operated upon for various causes, chiefly stone, in which the kidney was not removed, he has had six deaths; and the total mortality of all his cases, excluding the twelve malignant cases, is nine per cent.

Anæsthetic Power of Iodoform. In the last number of the *Therapeutic Gazette*, Prof. H. A. Hare of Philadelphia, in speaking of the best methods of treating some of the common diseases, says that the local anæsthetic power of iodoform is very frequently overlooked, particularly since cocaine has become so favorite a drug; yet in many respects iodoform is far superior to this vegetable alkaloid in certain conditions. In diseased conditions of the rectal mucous membrane, where cocaine cannot be used successfully because of the resistance of this membrane to its penetration, iodoform acts as a valuable substitute. Not only will it often give relief in cases of fissure of the anus, and permit a painless movement of the bowels, but it will simultaneously permit the employment of a curative application. Very frequently the pain in the rectum after operation for lacerated cervix uteri and perineum will be for some days absolutely insupportable, particularly if the laceration has existed for some years, so that the parts have become somewhat relaxed. All forms of rectal pain are badly borne, and this form often demands the use of an opium suppository, which, in turn, in susceptible persons soon produces nausea, depression and even vomiting. In cases where there is reason to believe that opium will act in this manner, an iodoform suppository of five grains, repeated two or three times a day, will relieve the discomfort without developing systemic symptoms. The method of treatment will often relieve the weight and fullness of the rectum due to the presence of excoriated or irritable hemorrhoids. Besides the local anæsthetic effect, we also obtain the alterative and antiseptic influence of the drug.

A Dutch Medical Declaration. The *National Temperance Advocate* says: it is an encouraging fact, indicative of the spread of temperance truth, that a medical Temperance Declaration has been issued in Holland, signed by six hundred medical men of that country, which contains the following:

1. The use, even in moderate quantities, of spirituous liquors is always injurious. Alcohol does not assist digestion, but, on the contrary, hinders it. It may excite momentarily the feeling of hunger, but it does not increase the digestive powers. We say further, that many affections of the stomach, which are attributed to twenty different causes, have no other origin than the habitual use of alcoholic liquors.

2. The popular opinion that spirits are stimulants, necessary or harmless when taken during the extremes of cold or heat by persons engaged in work requiring great muscular exertion, or by those exposed to damp air, or by persons working in water or in marshes, or by those whose food is insufficient, is false. These prejudices are not only contrary to experience, but it has been proved that the habitual use of alcoholic liquor has precisely the contrary effects that people attribute to them.

3. In all diseases, especially those in which the changes are rapid, such as fevers and cholera, those who make an habitual use of strong drink are the least able to resist the power of the disease.

4. For all these reasons spirituous liquors should not be regarded as popular drinks, but, according to our view, should be looked upon as most dangerous, destructive of the prosperity and development, moral and material, of the masses.

Treatment of Empyemia. Dr. H. F. Brownlee, of Danbury, Conn., contributes an article to *Leonard's Illustrated Medical Journal* on the treatment of Empyemia with Peroxide of Hydrogen. At the time the doctor was called to the case the temperature was 105, respiration 48, and pulse hardly perceptible. The patient was removed at once to a hospital, where Dr. Brownlee removed about an inch of the sixth rib in the axillary region. An

opening was then made into the pleural cavity and two gallons of pus evacuated. At first the cavity was washed out with Thiersch's solution. The temperature then continued to rise every evening to 102 or 103. The bichloride solution was then substituted and was used about a week when a very active salivation presented itself. Under this treatment the temperature did not get so high, but still continued at about 101–101½.

The doctor then began washing out the cavity with Marchand's Peroxide of Hydrogen, full strength. From this time the patient began rapidly to improve. The temperature fell normally and in two weeks the discharge had entirely ceased. Dr. Brownlee says he cannot speak too highly in praise of Marchand's Peroxide.

Pental, an Excellent Anæsthetic.

P. F. Féodoroff has experimented with pental in general surgical anæsthesia. This very stable substance does not become decomposed either in light or air; its specific gravity is about that of ether, and, like this latter, it is very volatile. Care must be taken to keep this substance removed from the fire; it burns with a very bright flame, but it has no explosive properties. The vapor of pental does not irritate the mucous membrane. According to Féodoroff, the duration of pentalization is from one to two minutes, and, the condition of anæsthesia once induced, it may be prolonged from two to five minutes. In about 50 per cent of the cases the radical pulse is not modified, but otherwise the pulsations become more frequent, and sometimes there is arythmia. It is principally during the first minute that disturbances of the circulation show themselves; it is, therefore, very necessary to be circumspect during the primary inhalations, and not to have recourse to the concentrated vapor of pental, except after the first minute, when the action of the heart will already be regularized. It is important to call attention to two peculiar effects of the drug: 1. Analgesia occurs while consciousness is still retained; the patient executes all the orders of the physician, feels the contact of the instrument, but does not feel pain. It would, however, be imprudent to operate before the complete loss of consciousness; the majority of accidents which have happened during the use of pental were due to reflexes occurring in subjects insufficiently anæsthetized. 2. From ten to fifteen minutes after a first administration of the drug it may again be used without its action being weakened; it would even appear that the subjects are still more susceptible to its effect. One must also be careful never to operate with a patient in a sitting posture, but always in the recumbent position, for fear of dangerous accidents. To resume: Pental is an excellent anæsthetic in operations of short duration. The above is obtained from the *Univ. Med. Journal.*

Sulfonal in the Treatment of the Insane.

Dr. John H. Scally (Maryland Hospital for the Insane) reports as follows concerning the action of sulfonal:

"In treatment at this hospital, sulfonal has been used for its hypnotic effect in the stages of excitement during attacks of acute mania, mania following epilepsy, recurrent mania, chronic mania and also in melancholia.

"It has not been our custom to give it regularly each day, but only at those times when, owing to the extreme restlessness and motor excitability of patients, sleep is denied them. In the management of acutely maniacal patients just admitted, when it is necessary to secure immediate rest, and, as is often the case, when the patients' very lives demand it, sulfonal has not failed in any case in which it has been used. Given in drachm doses, preferably in whisky, not only has it secured from six to eight hours of sound sleep, but it has produced quite a decided amount of motor sedation, lasting from eight to twelve hours after waking. In each case sleep was obtained within one hour after administration, and in none was any bad after effects noticed.

Ozæna.—After irrigation with carbolized water, insufflate with

Salol	gram. 5
Acid boric	" 3
Acid salicylic	centig. o 50
Acid thymic	" 0.20
Talcum powder	gram. 8

He Saved Her Life.

The editor of the *Eclectic Medical Journal* thus gives us his ideas of the new surgery of anal dilatation:

"An operation was to be performed on a woman, and a number of physicians were invited to witness the surgical skill. The patient was being put under the anæsthetic; indeed, was put under it too far, and 'let go.' At once all was excitement, and efforts were made in sundry directions toward resuscitation. They seemed of no avail, and the woman was dying or dead. One of the visitors who had just attended his course on 'orificial surgery' with Dr. Pratt was very much interested, and asked: 'Have you heard of "anal dilatation" in such cases?' They had not. 'May I be permitted to take charge?' He was permitted, and rushed forward, inserted both thumbs in her anus, and with herculean strength divulsed the sphincter. She gasped, she breathed, the rosy flushed her cheeks and lips; she was saved.

"I may not have given the story in the flowery language of our homœopathic exchange, but I have given the facts as reported. If Cook County denies it, then I shall believe that Cook County wants to cover up their want of skill in the use of anæsthetics, or their lapse from virtue in allowing a believer in 'orificial' to save a human life.

"You can see how it is yourself. If one had a straight ticket for the other world, and suddenly some one should thrust both thumbs in his anus, and rend it, he would come back to see what was the matter."

Sudden Deaths in Confinement Cases.

A writer in the *Times and Register* says that not long since a case came to his notice in which a woman was having an enormous *post partum* hemorrhage. With the first gush of bright red arterial blood through the vagina, the medical attendant became quite rattled, and, of course, at once attacked the uterus, stuffing its cavity firmly with antiseptic gauze, and then commenced to inject beef extract up the rectum, that she might make blood for what she was losing. But, seeing that his patient was fast sinking, and that he was powerless to control the flow, a consultant was sent for. On his arrival he at once removed all the uterine packing, caught the neck of the uterus and pulled it into the vagina, when there, by the aid of a candle, he saw an enormous laceration up its inner wall, which tore the left uterine artery in two. In an instant the bleeding vessel was in the safe grip of a hemostatic forceps; a life had been saved.

The writer says he is acquainted with another somewhat similar case. The woman had a normal labor, but a free hemorrhage promptly followed. Now the medical attendant at once ordered ergot, carried a lump of ice up the uterus, then packed its cavity with a sponge soaked in vinegar, kneaded the surface, and poured pitcher after pitcher of ice water in, but all to no effect, as the bleeding continued.

As the woman was becoming desperately weak, they hurried for a consultant. On his arrival he inquired as to the color of the blood. They told him that it was a tarry black. He in a moment allayed their fears by telling them that it would not be a mortal hemorrhage, and that he believed he could easily arrest it. We can imagine the chagrin of the family physician as the consultant, with his speculum, showed him that there was not a drop coming from the uterus, with all its tamponage removed, but that it entirely escaped from a large rent in a vaginal varix, which, with a pin and a piece of thread, he transfixed and secured in a moment.

Vinay, in the *Tocological Archives* for April, discusses at considerable length, in a highly valuable contribution, the many and complex factors which enter into the etiology of sudden deaths in labor. Many of them, he says, may be prevented, while not a few are hopelessly mortal. In any event, in all cases of obstetrics the attendant must be always on his guard for the signal of danger, so that, appreciating its significance, he may anticipate and perhaps wholly obviate it.

Goodell's Sumbul pill, for nervous, hysterical women, who need building up, made by Warner:

℞. Ext. Sumbul ..... 1 gr.
Asafœtida ..... 2 grs.
Ferri Sulph. Exs ..... 1 gr.
Ac. Arsenious ..... 1-40 gr.

NEWS ITEMS.

M. Flahaut successfully treated forty cases of diphtheria with petroleum. The throat is swabbed every two hours.

Austin Flint uses subgallate of bismuth for fermentative dyspepsia. Relief is prompt and permanent. It is almost a specific. Dose, five grains, in tablet form.

Dr. E. H. King says that atropine will as certainly dilate the os as it will the iris. Dose, 1-100 grain hypodermically. A second dose is rarely necessary.

Dr. Waugh uses europhen in rectal ulcer. An ointment is applied twice daily with the finger. Wash bowel out at night with pint of hot water in which is dissolved half a dram of sulpho-carbolate of zinc.

Dr. Moncorro cuts short whooping cough in twenty-four hours by applying a ten per cent solution of resorcin every two hours to the peri-glottal region with a throat brush.

Chloroform is recommended as a general hæmostatic. Apply on lint to bleeding surface. It promptly stops flow of blood and acts as a stimulant to the patient.

Severe cases of hiccough have been promptly relieved by washing out the stomach with a solution of sulphate of soda, one dram to the ounce.

Dr. Long says that a mild case of albuminuria or nephritis is not a contra-indication to the use of chloroform.

Dr. Senn writes that the balsam of Peru ranks next to iodoform in the treatment of tuberculous affections of the joints and bones.

According to Dr. Helferich, the dressing of recent fractures with plaster-of-Paris dressing is wrong, because the parts are not open to inspection.

Glycerin suppositories, or an enema of a few grams of pure glycerine are recommended at the beginning of all cases of labor. The uterine contractions are greatly strengthened and the labor proceeds with considerable rapidity.

Dr. Wm. A. Hammond has sold all his interests in the Columbia Chemical Company.

If there is an overflow of milk, or if it is desired to check the secretion, coffee will bring about the result. Mothers with a scarcity of milk should let coffee alone.

Dr. Bernays, Professor of Surgery in the Marion-Sims College of St. Louis, says that he uses sennine in a great many cases and can recommend it conscientiously.

A call from the agent of the McArthur Hypophosphite Company resulted in learning that the sales of that preparation were unusually large at this time, owing to the fact that it is being prescribed very largely for the Grippe. The well-known action of the hypophosphites on the nervous system probably explains this.

We had a call from a friend a few days ago who told us of a new use for bromidia. He had a case of opium habit entirely cured by substituting the bromidia for the opium. In a few weeks the patient dropped the bromidia of her own accord, and the cure was complete.

Dr. Cyrus Edson says that glycozone is the best known remedy for gastric ulcer, at least the best so far as he knows. It is also one of the best remedies for the treatment of the stomach, catarrh of chronic alcoholism, and for chronic gastric catarrh from other causes. It is excellent for atonic dyspepsia, and for acid dyspepsia.

Excellent reports are given upon the use of chekan for winter coughs. In many obstinate cases, after all other remedies had failed, chekan gave both prompt and permanent relief.

A trial of the bromide of strontium in cases of epilepsy has proved its great superiority over the ordinary commercial bromides. There are no untoward effects, and the patients are far more cheerful under its use. Both in private and hospital practice it seems bound to entirely displace the sodium salt.

BOOK REVIEWS.

FUNNY BONE. For Doctors, Dentists, Medical Students and others. Pp. 102. Price 50 cents. Published by the Funny Bone Co., 1421 Market Street, St. Louis, Mo.

This is the complete work noticed some months ago as promised by Dr. Crusius, whose illustrated texts have so often convulsed the readers of the *Medical Fortnightly*. While many of the jokes are new, yet we call attention to the book particularly because of the illustrations. These are all original and are the result of the artistic pen of Dr. Crusius. Such drawings we have never seen, and we do not desire to see any more like them! We do not desire it, because with a constitution even as vigorous as ours we fear we would not be able to survive the repeated attacks of convulsive merriment which they invariably produce. It is simply impossible to describe such a book as this. Everything depends upon taking a single glance at these pen-and-ink sketches. Each page has some of them and often a number of them. You have simply to look at the sketch to know what the story is beneath it. Doctors are noted for having a stock of good stories always at hand, but we never knew one before who could put a whole story into a sketch, thereby increasing its force many fold. If any one who gets this book does not laugh harder and enjoy it more than any investment he has ever made for fifty cents, we will put him down as a human being whose anatomical construction is minus a "funny bone."

SYLLABUS OF LECTURES ON THE PRACTICE OF SURGERY. Arranged in conformity with the American Text-Book of Surgery. By N. Senn, M. D., LL. D., Professor of Surgery in the Rush Medical College. W. B. Saunders, 925 Walnut Street, Philadelphia. 1894. Pp. 221. Price, $2.

Professor Senn has done a valuable thing for all teachers and students of surgery in giving them this succinct and practical presentation of the truths contained in his "American Text Book of Surgery." We are glad to note in the preface a statement which has long been held by us as sure to be put into operation. The author says that "recitations are gradually displacing didactic lectures." For the purpose of quizzes and recitations this syllabus will prove of special value. It is arranged after the manner of blackboard synopses and as such will save both teacher and student a great deal of time. The objection to the taking of notes by the student when the lecture is being delivered is that his attention is greatly detracted from the manner in which the subject is presented so that all points are placed in the notes alike, without regard to the emphasis placed upon any by the teacher. The student therefore is unable to tell which is of most value. But if he has such a synopsis as here presented he can rest assured that all those things contained herein are considered, by the author at least, as necessary for the success of his future career. As the "American Text-Book of Surgery" has achieved an unparalelled popularity both among teachers and students, so shall we expect this syllabus to meet with the same reception which it so well deserves.

THE BOOK OF THE FAIR. Published by the Bancroft Co., Auditorium Building, Chicago.

We are in receipt of part one of this most elegant work. It is an imperial folio, 12 by 16 inches, and is to be completed in twenty-five parts of forty superb pages each. The text is by the well known writer, Hubert Howe Bancroft, while the illustrations are by some of the best artists. The price of each part is one dollar and the work is sold by subscription. Chapter one, of part one, consists of the fairs of the past. The author gives a brief sketch of the great fairs of the past, illustrated with most beautiful pictures, and concludes with the Paris Exposition of 1889. Chapter two is a brief historical sketch of Chicago; while chapter three gives the Evolution of the Columbian Exposition.

Number Two gives the site, the plan and the artificers of the Exposition. It contains some of the large buildings, together with the pictures of a number of the more prominent organizers.

Part Number Three describes the Exposition from the dedication to the opening, including the naval review. The engravings for this number are especially beautiful, some of them occupying an entire page. There are 153 illustrations in this single number, each

one of them a gem in itself. Any review we might give of this magnificent work could scarcely convey an idea of its beauty and completeness. It goes without saying that the work of the author is of the very best. He gives us a text-book which can be carefully studied for its great educational value. The student has the advantage of having this storehouse of human knowledge rendered most pleasant to study because of the superior character of its illustrations. It would seem that no expense has been spared to make this book one of the most complete of modern times. Not only is the paper of the best quality, but the presswork also shows skill of the highest order. As each page is turned we are met with surprise after surprise. Every one who has visited the Exposition will want such a book as a memento of his visit and as an aid in recalling many things otherwise forgotten; while those who were obliged to stay at home can have the pleasure of seeing the next best thing to going.

THE CHILD, PHYSICALLY AND MENTALLY.

This is a book of 150 pages, and is the advice of a mother, according to the teaching and experience of hygienic science. The author is Bertha Meyer, who has written a number of works of this character. The book is published by the M. L. Holbrook Company of New York. It gives directions for the care of the infant during the first few weeks of life; bathing and washing; rearing by hand; education in the nursery; and children's diseases. In all there are some ten chapters. It is a book that cannot but fail to do good.

THE TREATMENT OF CUTANEOUS CANCERS. By A. R. Robinson, M. B., L. R. C. P. and S., Professor of Dermatology at the New York Polyclinic, etc. Published by the International Journal of Surgery Co., 14 Platt Street, New York. Illustrated. Pp. 64.

This is a reprint, cloth bound, of some article which originally appeared in the *International Journal of Surgery*, and which at the time awakened the widest interest. The number interested in the discussion of such a subject is indeed large, and we would advise all such to send for a copy of this work, in which they will find the subject so well discussed. To give our readers something of an idea of the character of the discussion we make the following quotations: "If this and the previous paper will stimulate surgeons to a careful study of the action of the caustics recommended, and to compare the results with those obtained by the knife, both as regards deformity and complete removal, I feel satisfied that they will recognize the truth of the views I have expressed, namely, in cutaneous epitheliomata the majority are best treated by caustica applied under definite methods, both on account of the remarkably slight deformity often produced, but more especially on account of the comparatively favorable results as regards so-called recurrence.

"They will also learn from the results obtained that he who treats all cases of epithelioma with the knife is treating the subject less scientifically and less successfully than he who wisely selects his cases, and, guided by theory and the results of practice in the hands of the conscientious and reliable observers, applies that method of treatment which offers the best results in individual cases, and who in the majority of his patients treats them by appropriate caustics."

Favorite Prescriptions.

[FROM OUR EXCHANGES.]

To break up a cold:

℞. Antikamnia..... gr. iij.
Quinine..... gr. ¼.
Ext. belladonna..... gr. ⅛.
Camphor..... gr. ¼.
At one dose every 2 or 3 hours.

Treatment of hectic fever in pulmonary consumption:

℞. Phenocoll,
Salicin, āā ..... gr. 48
Hydrastin. sulph..... gr. 24
M. ft. 24 capsules.
Sig.: One capsule every four to eight hours, as may be found necessary.

For the expulsion of tape-worm:

℞. Chloroform ..... ʒ j.
Syr. simpl..... ʒ j.
Sig.: To be taken in four parts—at seven, nine and eleven o'clock in the morning, and the remaining dose at one. At midday one ounce of castor oil should be taken.

Insomnia attending acute infectious diseases of childhood:

℞. Chloralamid ..... gr. xx.
Liq. ammon. acet..... ʒ iv.
Syr. acaciae ..... ʒ vi.
Aquae ..... q. s. ad. ʒ ii.
M. Sig.: A teaspoonful every 4 hours for a child 3 years old.

For the delirium of fevers:

℞. Neurosine..... ʒ iv.
Sig. Teaspoonful every three hours.

—*From January number of "Food."*

THE
NATIONAL MEDICAL REVIEW.

VOL. II. WASHINGTON, FEBRUARY, 1894. No. 12.

CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

The President of the Medical Society.

For the second time the Medical Society of the District of Columbia has elected Samuel C. Busey, M. D., LL.D., as its presiding officer. This is not only an honor we all recognize as well deserved, but one also especially appropriate now that the Society is about to celebrate its seventy-fifth anniversary. Dr. Busey received the degree of Doctor of Medicine from the University of Pennsylvania, in 1848; and the degree of Doctor of Laws from St. Mary's University, Baltimore, Md., in 1888. Among the large number of positions of honor and trust held by him at various times, we can note only the following: One of the founders of the American Gynecological Association; and ex-President Association of American Physicians; American Pediatric Society; and the Washington Obstetrical and Gynecological Society, being four times elected to the presidency. Dr. Busey was also the first to suggest the founding of the Children's Hospital of this city; and was one of the first five resident physicians to plan for the establishment of Garfield Hospital. With Dr. Jacobi, of New York, he organized the section on Diseases of Children, American Medical Association, and was its first presiding officer—an office to which he was subsequently re-elected. As a teacher, Dr. Busey has been Professor of Materia Medica; Professor of Diseases of Infancy and Childhood; and Professor of the Theory and Practice of Medicine in the Medical Department of the University of Georgetown. As a writer, his contributions have been numerous and often of a very original character. We are glad we are able to present to our readers such an excellent portrait of the subject of the above sketch.

Program of 75th Anniversary

The program of the Literary Exercises of the Celebration of the Seventy-fifth Anniversary of the Medical Society of the District of Columbia, to be held at the National Rifles' Armory Hall, G Street, between 9th and 10th Streets, N. W., Washington, D. C., Friday, February 16, 1894, beginning at 7.45 o'clock P. M.:

Overture.
Invocation, Rev. Wm. A. Bartlett, D. D.
Address by the President, Samuel C. Busey, M. D., LL.D.
Music.
Address of Congratulation, Theophilus Parvin, M. D., LL. D. (Representative of the College of Physicians of Philadelphia.)
Music.
Address—History of the Medical Society of the District of Columbia, Wm. W. Johnston, A. M., M. D.
Music.
Address—History of the Hospitals of the District of Columbia, J. Ford Thompson, M. D.
Music.
Address—History of the Medical Colleges of the District of Columbia, Thomas C. Smith, M. D.
Music.
Music by the United States Marine Band.

Anniversary Banquet.

Following the above literary exercises the subscribers to the banquet fund will gather at the Arlington hotel to pass away a few pleasant hours to-

gether. The committee estimated that there should be sixty subscribers to this fund, in order to make the banquet a complete success. This number has not only been reached but passed and there is now no question but that those who attend this banquet will have a right royal good time. Although the committee are satisfied with the number, yet there are many persons who have not yet signified their intention to attend this banquet whose presence the committee greatly desire and who would add very much to the pleasure of the evening. This unofficial notice is given therefore, to state that Dr. H. H. Barker is still ready to receive subscriptions.

There will be about twenty-five or thirty invited guests; and the Marine Band will also contribute its share to the evening's entertainment.

A General Invitation. It should be generally understood that the literary exercises to be held at the National Rifles' Armory Hall are of a public character, to which not only all members of the Medical Society are invited but also all persons who enjoy first-class speaking and good music. A prompt attendance is requested as the exercises must begin at the time indicated.

A Paying Ad. We have not been in sympathy with the proprietors of the Daggett Table Company, in defending themselves against the charge brought by Mr. Anthony Comstock. As Mr. Comstock took exception to the appearances of the illustrations presented to the profession by this company, so do we indorse his good judgment in this particular. It is astonishing how many journals are so outspoken in condemning Mr. Comstock in this movement. They seem to forget the magnificent work this man has accomplished and have only in mind the fact that he attacks a company which furnishes supplies to the medical profession. We can only add that we have never seen anything more disgusting, under the cover of medical science, than these same illustrations sent out by this firm. Nevertheless it must be remarked that it has been a long time since any company has received such an amount of free advertising. We trust, however, said company will profit by this experience sufficiently to keep them from presenting to the profession such unnecessary, indelicate and disgusting illustrations.

Hard on the Employes. "The following notice is posted in the Pension Office at Washington:

"'Members of the medical division are forbidden to have their hats or clothing on preparatory to leaving this office before 4 o'clock. Any one breaking this rule will be charged with a demerit of 15 minutes.'

"It is perhaps not strictly our business, but we should think it would be rather uncomfortable for the clerks of the medical division to work all day without any clothing."—*New York Tribune.*

"Such an order would make one believe that the pension employes are decidedly 'in the swim.' It would be more appropriate on the door of a natatorium than on a pension bureau.

"This reminds us of Pat's reply when the Jew wanted to 'sell him a trunk to put his clothes in.' 'What,' said Pat, 'and go naked?' "—*Texas Med. Journal.*

Or of Pat's wife, when her mistress asked her to serve the tomatoes "undressed."

"No," said Bridget, "I will lave the place before I will do it."

A Professor of Surgery Wanted! The *Medical Fortnightly* asks its readers if any of them are "in need of a surgical chair." We would inform our

exchange that we know of a large number of young surgeons who only need a "surgical chair" in one of our large medical colleges to make a good reputation and a good living, provided the salary is sufficient! If the *Fortnightly* will agree to buy us our scalpels, and will guarantee a sufficient salary, the size of which is to be regulated according to the price of board, and will advance us a month's pay, we might modestly consider a proposition ourselves! We did not know before surgeons were so scarce in St. Louis.

How to Look at the Men.

The editor of the *Woman's Medical Journal* gives some wholesome advice to our readers when she says that men soliciting advance funds for any purpose should be looked at "askance." We have been told, by some of our gentlemen friends, at different times during our life, that they had been looked at by some ladies, who glanced at them through the corners of their eyes, sidewise, askance, as it were. We now know that our friends had probably been soliciting these ladies for alms (or arms). At least, appreciating the great influence of the *Woman's Medical Journal*, we shall hereafter know that whenever we happen to see a lady looking "askance" at a gentleman it is positive proof that the latter has been asking the former for the loan of a five.

A Grim View of It.

The death of an ossified man in Tennessee is reported. He died hard. —*Chicago Tribune.* This is as bad as the man who swallowed a thermometer and died by degrees; it suggests also the case of the consumptive undertaker who died of a coffin.—*Medical Record.* These remind us of the man who choked while eating an apple, and died of appleplexy.

We have been informed by a number of physicians that the case of ruptured tubal gestation reported to the Society by Dr. I. S. Stone was the first successful operation for primary rupture ever performed in this city. Two of our informants believe it to be the first operation of its kind, successful or unsuccessful.

We desire to call attention to the unique feature in our Index, whereby a record is made of the names of members of the District Medical Society as they have appeared in our columns during the past year.

THE PROGRESS OF MEDICINE.

Typhoid Fever Complicated With Pregnancy.

At a meeting of the Medical Society of this city for Nov. 22, Dr. T. E. McArdle read a paper on "Intercurrent Enteric Fever in Pregnancy." The author gave the history of a case of enteric fever occurring during the third month of pregnancy. Altogether the patient was ill about six weeks. During that time the fever ran a fairly typical course, never rising above 105° F. The urine contained two or three per cent of albumin. The most alarming symptom, barring the pregnancy, was a weak, rapid heart. For days the pulse beat was 160 a minute. However, the patient made a good recovery, and in due time the doctor delivered her of a healthy boy baby.

Pregnancy is a grave complication of enteric fever. This fever leads to premature labor or abortion in the great majority of cases. As these results are so likely to follow, some authorities hold

that it is good practice to induce labor at such a time in the course of the disease as the patient is best able to stand the ordeal, but the author of the paper held that it was best to wait and hope that the next case might result as favorably as this one. It was certain that if the temperature remained long at 105° the extreme heat would destroy the fetus, but in this case the temperature did not remain long enough at that high point to produce such an unfavorable result. The author's paper was made very complete by a full presentation of the views of leading authorities on the subject.

DISCUSSION BY DR. S. C. BUSEY.

Dr. Busey thought this a case of unusual interest, especially as it went to full term. Dr. McArdle had given the general knowledge upon the subject; and the mooted question is the advantage or disadvantage of the induction of premature labor in such cases. He had seen several cases and the majority had aborted. Spontaneous abortion did not seem to injure the patient; and in one instance it was of positive benefit. He was against aggravating the disease by inducing labor. He had known two cases where the disease occurred later in gestation and they went to full term; and in still another a living child was born and the mother recovered. Statistics show that typhoid fever is a very grave complication of pregnancy and is attended with a large mortality. He prefers to accept the teachings of Gallabin to let the pregnancy go to full term; any other method increases the danger to the woman. Hemorrhage in such cases is much more severe than when the labor is spontaneous. In all of his cases in which the labor was spontaneous the hemorrhage was not alarming nor did they give any unusual symptoms.

DISCUSSION BY DR. H. D. FRY.

Dr. Fry would agree with the conclusions of the essayist, but would also differ with him on a few points. Pregnancy offers a certain immunity from typhoid fever, which increases as the pregnancy advances, reaching its highest protection during the puerperium. Is it proper to induce labor? He thought it much better to try to control the temperature and keep it below 103 by the external abstraction of heat, as high temperature is fatal to the child. If we are unable to control the temperature by this means we are justified in resorting to the internal antipyretics, provided stimulants are freely given with them. Exacerbations of temperature are more injurious to the child than to the mother, so we should keep it below 103 by such drugs. He also preferred to run the chances of natural delivery. He had had two cases of typhoid fever complicating pregnancy in 1892. The first woman had one child; her husband was killed in a railroad accident when she was five months pregnant; and she soon contracted typhoid fever, miscarried on the fifth day and recovered. The second case was five or six months pregnant when the fever developed. During the first two weeks it was running a mild course, about 103, when suddenly there was an acute acerbation of all the symptoms. The jaundice was so intense that he was led to suspect acute yellow atrophy of the liver. On the twenty-fourth day the fever subsided and later she gave birth to a living child.

DISCUSSION BY DR. C. G. STONE.

Dr. C. G. Stone has had a case similar, in many respects, to that reported by the essayist. On the 25th of last July a colored girl consulted him. Her temperature was 104 and pulse 120. She had dumb chills, headache, backache and nausea for four or five days. He also discovered that his patient was three and a half months pregnant. She was sick for three weeks, without the slightest evidence of abortion, and recovered. He had recently seen her; she has gained twenty-five pounds in weight, and will be delivered in a short while.

DISCUSSION BY DRS. REYBURN, STONE AND SMITH.

Dr. Reyburn had a case of typhoid fever between the second and third months of gestation. Spontaneous delivery took place at three and a half months and the symptoms of the fever abated. Interference in such cases is a

very grave matter, and should only be performed under the most urgent circumstances and after due deliberation.

Dr. C. G. Stone said it would be important to know the kind of treatment in such cases, as quinine would oftentimes produce abortion, even in healthy women.

Dr. T. C. Smith had seen a case in consultation at about four and a half months. The fever was moderate, the woman miscarried, but recovered.

DISCUSSION BY DR. W. WARD.

Dr. Ward did not think the hyperexia killed the child in utero; in fact, it did not kill any one. As in sunstroke, hyperexia is the remote, and serous effusion the immediate, cause of death in these cases. He had seen two cases of typhoid fever complicating pregnancy. One miscarried at the sixth month during the second week of the fever, and recovered. The other occurred during labor, which came on the eighth day of the disease, was rapid and accompanied by but little pain. Aggravated symptoms then set in and she was delirious for twenty-one days from high temperature. He relied mostly upon nourishment in such cases. He also had them greased with lard and then rubbed dry. He thought the tincture of musk a valuable remedy in reducing temperature.

Dr. Acker asked Dr. McArdle if he understood him to say that it was claimed that the germs entered the fetal circulation?

Dr. McArdle replied that it had been claimed that the germs were discovered in the blood of the fetus.

DISCUSSION BY DR. A. F. A. KING.

Dr. King said the possibility of the germs getting into the blood of the fetus had been questioned. He could not see why the germs of typhoid fever could not get there as well as those of the other infectious diseases. We knew that the child had been born with small-pox while its mother escaped; again, one twin had been born with this disease and the other escaped. He would say that there is a way for the poison to enter the circulation of the fetus. That high temperature in the mother will destroy the fetus is recognized by all authors on obstetrics. Lusk claims that a continuous high temperature in the mother for twenty-four hours will destroy the fetus. The temperature of the fetus is one degree higher than that of its mother. He had not had a case of the kind reported. No two cases can be treated exactly alike. Medicines that provoke labor should be avoided, while anodynes are admissible.

DISCUSSION BY DR. S. C. BUSEY.

Dr. Busey said it is an established fact that children have been born with scarlet fever and measles, but the mother escaped even when she had not previously had the disease. We all know that medicines given to the mother will affect the child in utero as well as nursling. Hence he could not see how any one could question the possibility of the germs of typhoid fever entering the circulation of the fetus.

DISCUSSION BY DRS. COMPTON AND KING.

Dr. Compton gave the details of a case of diphtheria in a woman about the eighth month of pregnancy. She died and three days afterward the child succumbed to the disease.

Dr. A. F. A. King said there were instances where children had been born with enlarged spleen, the result of malarial fever in utero.

DISCUSSION BY DR. S. S. ADAMS.

Dr. Adams gave the details of two cases which he had seen in consultation. In one, typhoid fever developed about the seventh or eighth month of gestation. He had expressed the opinion that she would miscarry. She did so, gave birth to a living child, and recovered. In the second, the fever was recognized a few days after delivery. The attending physician had at first detected the high temperature and thought it possibly due to septic infection. He had washed out the uterus but found no shreds or other evidences of infection from the uterus. Dr. Adams had confirmed the diagnosis in this case. The woman recovered, but succumbed to a relapse a few weeks later.

DISCUSSION BY DR. J. W. CHAPPELL.

Dr. Chappell had had one case which miscarried before he was called in; but

she afterward had pneumonia and recovered. He had seen quite a number of cases of typhoid fever but had only seen one complicating pregnancy; hence he could not think they were very common.

DISCUSSION BY DR. J. W. BOVEE.

Dr. Bovee said that Dr. Adams had said that in one of the cases he had seen, septicemia had been excluded because in washing out the uterus no shreds had been found. He would say that cases of puerperal septicemia had occurred without any external signs.

DISCUSSION BY DR. T. E. MACARDLE.

Dr. McArdle, in closing the discussion, said that experience had shown that there was no undue hemorrhage in spontaneous labors. He could not indorse the use of the internal antipyretics, as they are cardiac depressants and produce low blood pressure which is also dangerous. He did, however, favor the use of external antipyretics. He treated the cases upon the expectant plan; but usually gave digitalis and whisky. He had given quinine in the beginning to differentiate malarial fever.

Discussion on Dr. I. S. Stone's Cases of Nephrectomy and Hysterectomy.

At a meeting of the Medical Society of this city for December 6, the cases of Nephrectomy and Hysterectomy submitted by Dr. I. S. Stone were discussed.

DISCUSSION BY DR. I. BERMANN.

Dr. Bermann said the excision of the kidney reminded him of a case he had seen in Gerhardt's clinic during his student life. Gerhardt showed a woman, aged forty-five, with a large swelling in the right hypochondrium, which had existed for some time. He diagnosticated it one of three conditions: cancer of the liver, echinococcus, or syphilitic enlargement. Rindfleisch, at the necropsy, showed it to be a cystic degeneration of the kidney, about double the size of a man's head.

DISCUSSION BY DR. R. REYBURN.

Dr. Reyburn said that the fibroid exhibited shows that the surgeon never knows what will turn up when the abdominal cavity is opened. The question is, What is best to do with such large fibroids? If it is large and rapidly growing and in a young woman, hysterectomy would seem to be the proper procedure. He thought, however, that electricity should be tried in all early cases. He had received great encouragement in four of the six cases that he had treated with electricity. He placed the negative blunt electrode in the vagina, and the positive on the abdomen. He used a strength of fifty to thirty milliamperes. If the electricity failed then we should resort to the knife. If the woman is near the menopause and in good health we should use electricity and wait for its cessation.

DISCUSSION BY DR. W. P. CARR.

Dr. Carr said that the treatment of fibroid tumors of the uterus had been very fully discussed but was still full of interest. Success depends very much upon the size of the tumor and its adhesions. He had read a paper before the Medical and Surgical Society of this city upon the treatment of such tumors by removal of the ovaries. Success in such cases depends upon early operation while the tumor is small, movable and without adhesions to the abdominal wall. If the tubes and ovaries are removed in these cases the tumor soon shrivels and disappears. If we wait until adhesions are formed such an operation is useless, as it will not cut off the blood supply of the tumor. Dr. Carr gave the details of two cases in which he had operated early and the tumors disappeared. When the fibroid is large it becomes a serious question as to the best way to treat it. Hysterectomy is a formidable operation and should only be performed when other avenues of treatment are cut off. The value of electricity in such cases had been about definitely settled. While it will alleviate the distressing symptoms and check hemorrhage it favors the development of adhesions and destroys the chances of the growth disappearing at the menopause. If there are no alarming symptoms it may be well to wait for the menopause, but if it is growing and giving rise to troublesome symptoms, an

early operation is demanded in the interest of the woman.

Treatment of Opacities of the Lens and Vitreous by the Galvanic Current.

At a meeting of the Medical Society of this city for December 6, the following discussion occurred on the paper by Dr. I. Bermann on Treatment of Opacities of the Lens and Vitreous by the Galvanic Current.

DISCUSSION BY DR. S. B. MUNCASTER.

Dr. Muncaster was glad to hear of the success that Dr. Bermann had met in the treatment of opacities of the lens and vitreous. He would try this method with several almost hopeless patients.

DISCUSSION BY DR. W. K. BUTLER.

Dr. Butler was very much interested in the paper by Dr. Bermann, but could not understand how the means used could affect opacities in the lens. When we recall the anatomy of the lens and remember that it has no blood supply of its own, but derives its nourishment by osmosis through its enveloping capsule from the aqueous humor, and accepting the theory that the opacities of cataract, especially the senile variety, are due to vacuoles between the lens layers becoming filled by opaque fluid, he could not understand how the electric current can so alter its nutrition as to clear up such opacities. That it can do good in opacities due to inflammatory affections, such as chrioretinitis, he was very glad to know and trusted that it might prove a boon to this serious class of cases.

DISCUSSION BY DRS. MACKIMMIE, DUFOUR AND BERMANN.

Dr. O. A. M. McKimmie asked if any of the gentlemen had had any experience in the treatment of such affections by the fresh juice of the cineraria maritana. He had seen favorable reports in the journals.

Dr. C. R. Dufour said that he had used the juice in one case for a year with negative results.

Dr. Bermann said, in closing, that he had seen the reports referred to by Dr. McKimmie, but had not used the drug. He did not mean that the current was applicable to cataract. He believed it had been beneficial in his cases as no medication had been resorted to during the entire treatment.

Valvular Disease of the Heart.

At a meeting of the Medical Society for December 13, Dr. S. S. Adams presented a specimen of valvular disease of the heart and gave a history of the case. The following discussion occurred:

DISCUSSION BY DRS. THOMPSON, BOVEE, MAGRUDER AND STONE.

Dr. J. Ford Thompson asked Dr. Adams if he found the omentum thickened, and having received an affirmative reply, he said he had asked the question because he had many times failed to get fluid upon tapping the abdomen because of this thickening of the omentum. It will fall before the opening in the canula and will have to be pushed aside by some blunt probe before fluid will run.

Dr. J. W. Bovee had experienced the same difficulty as Dr. Thompson in four or five such cases. He had resorted to similar means with favorable results.

Dr. G. L. Magruder desired to mention the satisfactory results he had obtained with saturated solutions of magnesium sulphate in relieving dropsical effusions. Patients take the dose without complaining and free catharsis is soon established. He would also speak of the value of fresh infusion of digitalis leaves as a heart stimulant in such cases.

Dr. I. S. Stone spoke of the value of elaterium in such cases. In proper doses it was a safe and reliable cathartic.

DISCUSSION BY DR. S. C. BUSEY.

Dr. Busey said that the previous speakers had confined their remarks to simply relieving the fluid accumulations by administering cathartics and diuretics. It is true that such remedies help to relieve dropsical accumulations, but if something more is not done the fluid will return as fast as it is removed. We should get at the cause of such troubles and treat it and not be satisfied with simply removing fluids. This can be

done by controlling the heart's action, and we now know that we can do that by administering the proper drugs; further we can vary the heart's action by varying the dose of the drug. Thus by controlling the heart's action we assist nature in restoring compensation; and we also lengthen the periods of rest. Again, in resorting to such treatment we increase the blood pressure in the kidney, which also increases the flow of the urine. He also said water was one of the best diuretics and should be given freely in such cases. If such sufferers can live a life of luxurious ease, with rest of mind and body and nutritious diet they may prolong their lives. He uttered a warning against impairing the digestion by too free use of the drugs.

DISCUSSION BY O. A. M. MACKIMMIE.

Dr. McKimmie had had a case in which digitalis and nitro-glycerine were not sufficient until administered hypodermically. He increased the dose until he gave 4-100 nitro-glycerine and 3-100 digitalis. He had also given the saline cathartics, but got the best results from a combination of sodium sulphate and magnesium sulphate.

DISCUSSION BY DR. S. S. ADAMS.

Dr. Adams, in closing the discussion, said that he had learned from the woman's husband that she had probably died from the effects of too much of the drug. He himself knew that on one occasion he had found her with the heart's beats decreased to about thirty. Upon investigation he ascertained that she had doubled the dose, believing that if a small quantity did good a larger dose would act better.

Vaginal Hysterectomy Without Hemorrhage.

At a meeting of the Medical Society of this city for December 13, Dr. Robert Reyburn presented a uterus which he had enucleated through the vagina without hemorrhage. The following discussion took place:

DISCUSSION BY DR. A. F. A. KING.

Dr. King explained the blood supply of the uterus. He said that only very small branches of the artery penetrated the uterine wall, hence there would be no hemorrhage in enucleating the organ.

DISCUSSION BY DR. I. S. STONE.

Dr. Stone thought the operation successful so far as it had gone, but we must look at the result and ask ourselves if such a method will prevent the return of the cancer. This method looks plausible but it cannot be said to be a cure for cancer as it will not remove the infiltration which is about the diseased cervix. If he should judge from the specimen he was sure that cancerous tissue was left behind. Hence he thought the surgeon's aim should be to eliminate or not operate. He had not operated very many times for cancer of the uterus, but in all he had performed hysterectomy. Many surgeons now refuse to operate because other structures are involved. Thomas, of New York, is among this number. It is usually too late to operate when the cancer is as plain as in this case. He desired to congratulate Dr. Reyburn upon the success of this operation, for the present at least. He did not think such a method hardly applicable for the removal of fibroids of the uterus. In operating for fibroids the difficulty increases in double proportion to the size. He did not think it possible to remove a fibroid as large as a fetal head through the vagina without tearing the parts. We avoid such dangers by operating through the abdominal incision. He thought such an operation out of the question in young women, but he would try it if a favorable case presented.

DISCUSSION BY DR. J. FORD THOMPSON.

Dr. Thompson said a removal of the uterus for carcinoma is an interesting surgical question, and years ago he had performed hysterectomy for this condition. In one case in which he had removed the uterus by vaginal hysterectomy the patient enjoyed a comfortable life for five years before its return. Dr. S. S. Adams had attended her during her last illness. He would always complete the operation as in any other organ. He did not agree that this was a successful operation as he judged from the appearance of the specimen that in-

filtrated tissue had been left. He thought high amputation of the cervix a much better operation in one of this age, and where the disease is confined. Hysterectomy is not very difficult, and all bleeding can be avoided or stopped by ligatures. Dr. Reyburn did not make provision for nodules which must remain. This procedure is a step backward, as the advanced surgeon now removes everything that looks suspicious. There is little or no shock in vaginal hysterectomy, which is not applicable to fibroids of any size.

DISCUSSION BY DR. R. REYBURN.

Dr. Reyburn thought his case one of the most favorable for testing the method, but he agreed with all the speakers that it was useless if the surrounding tissues were involved. He did think small fibroids might be removed by this method of enucleation. Surgical authority is against high operation for cancer of the cervix.

Ruptured Tubal Gestation.

At the meeting of the Medical Society, District of Columbia, on the 10th of January, Dr. I. S. Stone reported a case and exhibited a specimen of ruptured tubal gestation. The patient had missed her expected period three weeks. Dr. Bishop, the attending physician, first saw the patient, and very cleverly made the diagnosis before calling Dr. Stone. The operation was done on December 26, 1893, and the patient made a good recovery. No fetus was found, but the history of a suspected abortion (decidua) and the presence of a corpus luteum of pregnancy, according to the testimony of Dr. D. S. Lamb, leaves no doubt as to the nature of the case. Since the meeting of the Society of above date, a friend reports Joseph Price as saying, for six years past he has had an average of at least one patient in bed for this operation.

NEWS ITEMS.

"He who physics himself poisons a fool."

The city of Richmond is to have a permanent exhibition of its mineral and agricultural products. A bureau of information will be connected with it.

Experiments are being conducted at Yale to ascertain the truth of a new theory, which is that strength depends less on the size of the muscle than on the strength of the nerve.

The State Board of Health of Michigan says that the more ozone, the more influenza and the less remittent fever.

Dr. Mary Suganuma is an American woman who graduated from a medical college in Ohio. On her marriage with Mr. Suganuma, who was a Government official, she became a Japanese subject. She is the first woman physician permitted to practice in Japan.

For earache drop into the ear several times daily a little of the following mixture: Menthol and camphor, of each 20 grains in one ounce of alboline.

Professor Von Esmarch has done 20,000 important operations.

Professor Hare recommends acetanilid as a hæmostatic in epistaxis and haemoptosis.

Dr. A. Cicognani reports a number of cases of malarial fever cured by the use of phenocoll. The dose is one gramme for adults and one-half gramme for children under ten years, two or three hours before the attacks.

Thymol is recommended for toothache due to a cavity. A few grains of the drug are sprinkled on a tuft of cotton which is placed in the cavity of the tooth.

Liquid petroleum or paraffine oil is now generally used for making hair oil. It is less sticky than the fatty oils and is more readily absorbed through the pores of the skin.

A solution of antipyrine, one part in 50, is used as a hæmostatic in hemorrhage of malignant disease of the tonsils.

done by controlling the heart's action, and we now know that we can do that by administering the proper drugs; further we can vary the heart's action by varying the dose of the drug. Thus by controlling the heart's action we assist nature in restoring compensation; and we also lengthen the periods of rest. Again, in resorting to such treatment we increase the blood pressure in the kidney, which also increases the flow of the urine. He also said water was one of the best diuretics and should be given freely in such cases. If such sufferers can live a life of luxurious ease, with rest of mind and body and nutritious diet they may prolong their lives. He uttered a warning against impairing the digestion by too free use of the drugs.

DISCUSSION BY O. A. M. MACKIMMIE.

Dr. McKimmie had had a case in which digitalis and nitro-glycerine were not sufficient until administered hypodermically. He increased the dose until he gave 4-100 nitro-glycerine and 3-100 digitalis. He had also given the saline cathartics, but got the best results from a combination of sodium sulphate and magnesium sulphate.

DISCUSSION BY DR. S. S. ADAMS.

Dr. Adams, in closing the discussion, said that he had learned from the woman's husband that she had probably died from the effects of too much of the drug. He himself knew that on one occasion he had found her with the heart's beats decreased to about thirty. Upon investigation he ascertained that she had doubled the dose, believing that if a small quantity did good a larger dose would act better.

Vaginal Hysterectomy Without Hemorrhage.

At a meeting of the Medical Society of this city for December 13, Dr. Robert Reyburn presented a uterus which he had enucleated through the vagina without hemorrhage. The following discussion took place:

DISCUSSION BY DR. A. F. A. KING.

Dr. King explained the blood supply of the uterus. He said that only very small branches of the artery penetrated the uterine wall, hence there would be no hemorrhage in enucleating the organ.

DISCUSSION BY DR. I. S. STONE.

Dr. Stone thought the operation successful so far as it had gone, but we must look at the result and ask ourselves if such a method will prevent the return of the cancer. This method looks plausible but it cannot be said to be a cure for cancer as it will not remove the infiltration which is about the diseased cervix. If he should judge from the specimen he was sure that cancerous tissue was left behind. Hence he thought the surgeon's aim should be to eliminate or not operate. He had not operated very many times for cancer of the uterus, but in all he had performed hysterectomy. Many surgeons now refuse to operate because other structures are involved. Thomas, of New York, is among this number. It is usually too late to operate when the cancer is as plain as in this case. He desired to congratulate Dr. Reyburn upon the success of this operation, for the present at least. He did not think such a method hardly applicable for the removal of fibroids of the uterus. In operating for fibroids the difficulty increases in double proportion to the size. He did not think it possible to remove a fibroid as large as a fetal head through the vagina without tearing the parts. We avoid such dangers by operating through the abdominal incision. He thought such an operation out of the question in young women, but he would try it if a favorable case presented.

DISCUSSION BY DR. J. FORD THOMPSON.

Dr. Thompson said a removal of the uterus for carcinoma is an interesting surgical question, and years ago he had performed hysterectomy for this condition. In one case in which he had removed the uterus by vaginal hysterectomy the patient enjoyed a comfortable life for five years before its return. Dr. S. S. Adams had attended her during her last illness. He would always complete the operation as in any other organ. He did not agree that this was a successful operation as he judged from the appearance of the specimen that in-

filtrated tissue had been left. He thought high amputation of the cervix a much better operation in one of this age, and where the disease is confined. Hysterectomy is not very difficult, and all bleeding can be avoided or stopped by ligatures. Dr. Reyburn did not make provision for nodules which must remain. This procedure is a step backward, as the advanced surgeon now removes everything that looks suspicious. There is little or no shock in vaginal hysterectomy, which is not applicable to fibroids of any size.

DISCUSSION BY DR. R. REYBURN.

Dr. Reyburn thought his case one of the most favorable for testing the method, but he agreed with all the speakers that it was useless if the surrounding tissues were involved. He did think small fibroids might be removed by this method of enucleation. Surgical authority is against high operation for cancer of the cervix.

Ruptured Tubal Gestation.

At the meeting of the Medical Society, District of Columbia, on the 10th of January, Dr. I. S. Stone reported a case and exhibited a specimen of ruptured tubal gestation. The patient had missed her expected period three weeks. Dr. Bishop, the attending physician, first saw the patient, and very cleverly made the diagnosis before calling Dr. Stone. The operation was done on December 26, 1893, and the patient made a good recovery. No fetus was found, but the history of a suspected abortion (decidua) and the presence of a corpus luteum of pregnancy, according to the testimony of Dr. D. S. Lamb, leaves no doubt as to the nature of the case. Since the meeting of the Society of above date, a friend reports Joseph Price as saying, for six years past he has had an average of at least one patient in bed for this operation.

NEWS ITEMS.

"He who physics himself poisons a fool."

The city of Richmond is to have a permanent exhibition of its mineral and agricultural products. A bureau of information will be connected with it.

Experiments are being conducted at Yale to ascertain the truth of a new theory, which is that strength depends less on the size of the muscle than on the strength of the nerve.

The State Board of Health of Michigan says that the more ozone, the more influenza and the less remittent fever.

Dr. Mary Suganuma is an American woman who graduated from a medical college in Ohio. On her marriage with Mr. Suganuma, who was a Government official, she became a Japanese subject. She is the first woman physician permitted to practice in Japan.

For earache drop into the ear several times daily a little of the following mixture: Menthol and camphor, of each 20 grains in one ounce of alboline.

Professor Von Esmarch has done 20,000 important operations.

Professor Hare recommends acetanilid as a hæmostatic in epistaxis and haemoptosis.

Dr. A. Cicognani reports a number of cases of malarial fever cured by the use of phenocoll. The dose is one gramme for adults and one-half gramme for children under ten years, two or three hours before the attacks.

Thymol is recommended for toothache due to a cavity. A few grains of the drug are sprinkled on a tuft of cotton which is placed in the cavity of the tooth.

Liquid petroleum or paraffine oil is now generally used for making hair oil. It is less sticky than the fatty oils and is more readily absorbed through the pores of the skin.

A solution of antipyrine, one part in 50, is used as a hæmostatic in hemorrhage of malignant disease of the tonsils.

The habit among school children of putting the pencils in their mouths, when the pencils and slates are used in common, is an easy way of communicating diseases.

It appears that Prof. Max Muller fears the writer's palsy, and has invented a movable arm-rest in the hope that its use may save him from that dreaded disease.

Insanity is making rapid progress in this country. While the population has hardly gained sixty per cent within the past twenty years, yet the number of insane has more than doubled during that time.

Dr. Braislin shows that in negroes the nasal canals are wider, shorter and less deep than in other races. This affords less protection to the lungs and is a reason why the negro is so susceptible to consumption. Such a nose is adapted to a tropical climate but not suited for a colder climate.

Dr. N. F. Graham of Washington, D.C., reports a case of dysmenorrhœa for the relief of which papine was used with great success, after all the preparations of opium had to be abandoned on account of their bad after-effects.

The surgeon of the Harvard football team reports four fractures of the metacarpal bones, one fracture of the fibula, two dislocations of the elbow, and one dislocation of the humerus. The statement is also made that injuries, when received by men in training, are recovered from in half the time necessary for recovery in other subjects.

The editor of a physio-medical contemporary resents with indignation the statement of certain London and Edinburgh scientists that lobelia will kill a hog. The editor says he has used the drug for twenty years, and he thinks he ought to know.—*N. Y. Medical Times.*

"What is the subscription price of your journal?"

"One dollar a year."

"Is it intended for any particular class of doctors?"

"Yes; for those who have one dollar."—*Medical Age.*

It is the slightly ill child with the contagious disease that threatens his fellow pupils. He bears up under his infirmity, goes to school and exposes his classmates.

A case of unusually long fasting is reported from Russia. A girl of seventeen took refuge under a small outbuilding during a violent snowstorm. In the morning she was unable to force her way from under the snow. She was discovered fifty-one days later buried under three and a half feet of snow. She rapidly recovered, after remaining one week in a hospital.

A case is recorded in the *Lancet* of an old lady who was notorious as having given birth to twins fifteen times, besides having other children. The same writer gives the history of a woman who was caring for her own baby and her great-grandchild. The great-grandmother was but forty-eight years of age.

Dr. George E. Brewer contributes an article to the *New York Medical Journal* on the hæmostatic value of peroxide of hydrogen. The writer has succeeded in arresting hemorrhages from nose and throat operations by the use of this drug when other methods were unsuccessful. It was found that an application of the peroxide on a pledget of cotton to the point of bleeding resulted in an immediate cessation of the hemorrhage, which did not recur.

The *Record* says: "atropine in small hypodermic doses is superior to all other remedies as a hæmostatic."

Prof. Nicholas Senn has given his great collection of medical books to the Newberry Library of Chicago. Among this collection is the complete library of the late Prof. William Baum, Professor of Surgery, University of Göttingen. This library alone constituted an entire carload.

The Maltine Company are again seen in the advertising pages of medical journals. They were old advertisers of ours many years ago and we are pleased to have them with us again. A number of their preparations are accepted as standards and are well known to the profession.

Charles Marchand of New York was awarded a medal by the World's Columbian Exposition for his Peroxide of Hydrogen (medicinal) and Glycozone. We believe all our readers will agree with us that this is a well merited recognition.

Dr. W. L. Rodman of Louisville, Ky., states that there is not any ground whatever for believing cancer to be hereditary. It is primarily a strictly local affection. He also wishes to confirm most positively his belief in the curability of that disease. If treatment is begun early enough we should expect a reasonable number of cures.

A series of reports from the hospitals of London show that ether as an anæsthetic is rapidly growing in popularity. In many of the hospitals it is almost the only anæsthetic used, while in but one or two of the hospitals is chloroform the principal anæsthetic. The majority of London surgeons appear to prefer ether, obtaining it in as fresh a condition as possible, and administering it by means of an inhaler.

Dr. M. Charteris, Professor of Therapeutics and Materia Medica in the University of Glasgow, Scotland, contributes an article to the *Journal of the American Medical Association* in which he thus speaks of chloralamid: "I satisfied myself by asylum, by hospital and by private practice that chloralamid had all the advantages and none of the disadvantages of hydrate of chloral. It secures sleep by its action on the cerebral cortex and has but slight influence on other parts of the nervous system of voluntary life. It has no direct action upon the heart or circulation. It does not reduce arterial pressure, and its administration is not attended with any disorders of digestion or with any depression."

The editor of the *National Popular Review* says: "For our part we stand unequivocally on the same platform with Mr. Ernest Hart." Then look out, doctor, or the plank in that platform called "Honesty," which is so thin it will not hold the weight of two, will break just at the time when you are in the midst of writing one of your best editorials.

The Philadelphia *Polyclinic* has been changed to a weekly. The subscription price, however, remains the same, one dollar a year.

The police have been making a census of the physicians of New York. They were instructed to copy the names and addresses from all the doctor's signs they came across. The work was completed in about two hours. There are nearly 4,000 physicians in the city.

A drachm of peroxide of hydrogen, Marchand's, in a little glycerine and water, four or five times daily, will relieve the severity of the paroxysms of whooping cough.

An article by the late Dr. W. F. Hutchinson of Providence, R. I., on papoid appears in the January number of the *New England Medical Monthly*. In reporting a case of severe dyspepsia, he says: "Every form of digestive ferment had been tried and abandoned and the case rapidly grew worse." After trying papoid, however, he says:

"In this instance, it is no more than fair to credit papoid with the marked improvement observed. Its action was prompt, continuous and steadily beneficial, after other digestive ferments had failed. It is in just such cases of atonic mal-digestion, where the whole tract needs physiological rest, that papoid steps in, takes the work and gives a chance for remedies to work that are directed to general conditions."

Somatose is a new preparation of Albumoses recently put upon the market by Schieffelin & Co. It is a preparation of meat in the form of a light yellow powder, tasteless and odorless, and consisting essentially of albuminous matter.

In India over 21,000 human beings and 70,000 cattle died annually as the result of bites from snakes. In 1892 there were 84,789 snakes destroyed as a result of rewards offered.

The symptoms connected with the grip during the present epidemic are somewhat different than formerly. The catarrhal symptoms are few, while the pain and prostration are even more marked. Thus far it has not been of so fatal a type.

The thirty-eighth annual session of the Kentucky School of Medicine opened on the 3d of January. This is the oldest medical school in the South, having been organized in 1850. Last year there were 500 students in attendance. Dr. Joseph M. Matthews gave the introductory lecture.

Dr. S. S. Bishop of Chicago advances the theory that hay fever is caused by an excess of uric acid in the blood. Attacks can be prevented by reducing the amount of uric acid in the blood to the normal and maintaining it there.

In the *Journal of the American Medical Association* for November 25 is a discussion by nine specialists on the treatment of hay fever. Those who are especially interested in this disease would do well to get that number of the journal.

Dr. Gouthier adds one drop of a one per cent solution of nitro-glycerine to a solution of cocaine which is intended to be used hypodermically. No unfavorable after-effects of cocaine were ever induced when the nitro-glycerine was used with it.

Dr. Joseph Price reports 1,313 consecutive cases of confinement at the Preston Retreat without a death from any cause. He reports 1,400 cases with one death from mania. This excels the records of the best maternities of Europe. At Vienna, Paris, and throughout England and Wales the death rate is from 5 to 11 per cent.

In the January number of *Food* Dr. S. S. Adams of this city contributes an interesting article on the Treatment of Dysentery in Children. The subject is thoroughly discussed and the method of treating this disease by irrigation is fully explained. Copies of this number of *Food* can be obtained by addressing the publishers at 71 Park Place, New York.

The same number of *Food* also contains an article on the "Treatment of Typhoid Fever," by W. L. Abernathy, M. D., of the Chattanooga Medical College, Tenn. There is also an article on the "Treatment of Membranous Croup," by Dr. R. M. Harbin of Calhoun, Ga.

In the same number of *Food* is the concluding number of a series of articles on the "Study of Milk," by J. D. Hird, chemist to the Health Department of this city. The whole subject of the adulteration of milk is thoroughly discussed, together with the methods of detecting said adulterations.

The February number of *Food* contains five original articles of unusual interest. Two of these articles are by physicians of this city—Drs. H. D. Fry and S. S. Adams. The former contributes an article on the "Care of Premature Infants"; and the latter, the "Care of Feeble Infants."

Two gentlemen disputed as to what a pineapple was. One said it was a fruit; the other, it was a vegetable. A bet was made and the head waiter appointed to decide the matter. He was asked: "Is the pineapple a fruit or a vegetable?" The reply was: "It is neither, gentlemen; a pineapple is an extra."

Of 876 deaths from poisoning, during the past year, in England and Wales, 544 were due to mistakes. Chloroform caused the death of 62; carbolic acid, 31; the poisonous alkaloids, 19; arsenic, 8, and chloral, 7.

Surgeon-General Sir William Moore, honorary physician to the Queen, says that opium is a preventive as well as a curative of so-called malarious fever.

A compound known as "cocaine jelly" is used by English obstetricians. It contains four per cent of cocaine. It is passed well up the vagina, spread over the os, and is said to greatly reduce the pain of labor.

Dr. J. C. Thomson, a surgeon in China, says that the Chinaman will endure a degree of pain without flinching that would be impossible for the Westerner to endure with his highly developed nervous system. The Chinese have wonderful recuperative power after surgical injuries. He believes that the Chinese surgeons, who have been trained by the medical missionaries, are fit to take quite a respectable place as surgeons, and that the time is not far distant when Chinese surgery will give favorable results.

Janiszewski of the Freiburg University reports the case of a woman who contracted typhoid fever in the eighth month of pregnancy. In the third week of the disease she gave birth to a child which died on the fifth day. The autopsy revealed an enlarged spleen, while a bacteriological examination of several organs detected the typhoid bacilli in abundance. This is especially interesting taken in connection with the paper presented by Dr. T. E. McArdle to the Medical Society of this city, together with the discussion following the same.

THERAPEUTIC NOTES.

The Virginia Pharmacal Co.

During the past month we have had two very pleasant calls from Mr. Samuel Regester, general manager of the Virginia Pharmacal Company. Mr. Regester informs us that he has actually received over a hundred replies to his advertisement in our journal, as a result of which he has placed large orders for his goods in this city. This shows two things: first, the value of the NATIONAL MEDICAL REVIEW as an advertising medium; and, second, the merit of the goods of this company. A reference to their advertisement in this number shows a new preparation, "wine of coca with beef and iron." This combination is one that cannot fail but commend itself to all. Mr. Regester informs us that the demand in this city for their Pancropeptine is already very large. It is a unique combination and we believe it will come into very general use.

A New Vehicle for Creasote.

The value of creasote in tuberculosis is now generally recognized, but its repulsive taste and odor and its liability to disturb digestion have proven serious objections to its general use. But Dr. A. B. Pope, lecturer on diseases of the heart and lungs at the New York Polyclinic, advances a combination which overcomes all these objections. Dr. Pope prescribes the creasote in the following formula:

Maltine with Cod-Liver Oil.....16 fl. oz.
Beechwood Creasote ..... 2 fl. drs.
Oil of Lemon.....12 minims.
Oil of Bitter Almonds..... 8 minims.
M. Triturate, and add creasote gradually. S. Tablespoonful at each meal. It may be given in water, beer, wine or milk.

Of course the amount of creasote can be increased or diminished as thought best. The combination of "Maltine and Cod-Liver Oil" is used because in so many cases the cod-liver oil is of additional advantage; but if for any reason this is not desired, then maltine plain can be substituted.

We have not tried this mixture as yet but can speak in the highest terms of the maltine with cod-liver oil. We have used this for a number of years and cannot imagine how a more elegant combination could be prepared.

Petroleum and Hypophosphites.

In a late number of the *Medical Times and Hospital Gazette* of London is the report of a case of tuberculosis treated by a combination of petroleum and the hypophosphites. The author, Dr. H. Rainesferd, saw the patient with respiration 60 per minute, fever of a hectic type and the evening temperature of 102 or 103, while the morning temperature was normal. There were violent attacks of coughing with free perspiration after each effort. The diagnosis was made of acute tuberculosis of the lungs, which diagnosis was fortified by the fact that the father was suffering from that disease also. The boy was reduced to little more than a skeleton and a fatal result was expected in a very short time. Having received a sample of Angier's Petroleum Emulsion with Hypophosphites, Dr. Rainesferd decided to try it. In two days he noticed the patient was slightly better. In seven days the cough was greatly improved. In a few days later the temperature was normal both morning and evening and the patient took food heartily, rapidly gaining in flesh, and soon running about the room, although ten days previous he was unable

to stand alone. Dr. Rainesferd says that of course his diagnosis may be questioned, especially as the patient was but five years of age. But this much is certain, the boy was reduced to the most extreme weakness and emaciation with high evening temperature, violent coughing, etc. Now, after the use of the Emulsion but for a short time, the patient has a good appetite, is rapidly gaining in flesh and is in fairly good health. He closes the article by asking his professional friends to try the drug and report results.

Somatose. This is the name of a new albumose food-product for which Schieffelin & Co. are the sole agents. Somatose is prepared from meat, and contains its albuminous principles in a readily soluble form. The salts present correspond to the nutritive salts of fresh meat. Somatose is a light yellow, somewhat granular powder which is readily and completely soluble in water. It makes an odorless and practically tasteless solution. It is a preparation of meat consisting essentially of albumoses, and because of its tasteless and odorless character it can be readily administered to the patient without his knowledge.

It is absorbed with great rapidity; acts promptly as a nutrient; does not disturb the stomach; and may be administered with or without a meat diet. As it is capable of acting for a long time as a substitute for other foods, it is possible, by its use, to tide the patient over certain critical periods. It would appear that this is the chief object of somatose; although, of course it can be used to advantage in all diseases attended with fever and exhaustion of the system. A large number of experiments together with a full clinical experience point to the fact that this preparation is capable of completely replacing albumin in the organism.

Asparoline Compound. The preparation known as "Asparoline Compound," prepared by H. K. Wampole & Co. of Philadelphia, is a combination of a number of remedies of recognized therapeutic power. There is asparagus, which is a valuable diuretic and sedative; parsley, which is stimulating, anti-periodic, anti-scorbutic and also diuretic; gum guaiacum, which is tonic, alterative and a great favorite of the late Dr. Dewees in dysmenorrhœa; black haw bark, which is anti-spasmodic and anti-abortive; henbane, which is one of our safest and most reliable anodyne and calmative remedies; and such aromatics as are known to possess warm, stimulating, stomachic effects and of especial value in relieving pains or spasms of any kind.

From such a combination it is evident we have here a remedy of especial value in cases of dysmenorrhœa, leucorrhœa and menorrhagia. The clinical results show that this theoretical combination is all that could be desired in practice. Of course, when organic lesions exist it would be useless to regard such a remedy in any other light than that of giving relief to the suffering. But when such lesions do not exist we can see no reason why this compound will not prove of the highest value in both relief and cure of uterine affections together with all other kindred diseases where the uterine organs are involved. The manufacturers will send a bottle, prepaid, to any physician requesting the same.

Recurring Grippe. Dr. I. N. Love of the *Medical Mirror* says that the history of epidemics is almost uniform in the direction of their extending over several years. Frequently the disease is endemic, becoming a definite part of everyday life, as witness diphtheria in many sections of the country. La Grippe is no exception. Appearing among us as it did several years ago, it returned the second year in a form more virulent than the first, producing effects far-reaching and uniformly demoralizing. Observing practitioners cannot have failed to notice that during this summer and fall many cases could be explained by no other hypothesis than that they were affected either directly or remotely by the grippe. The possibilities are that the coming winter and spring will develop enormous numbers of these cases; cases effected de novo by the germ, if there be one, and cases that have never yet recovered from previous attacks, with reäroused disturbances due

to the sudden and frequent changes of the weather.

Feeling the importance of keeping open the excretory system of glands and at the same time considering thoughtfully the rheumatic feature that accompanies these cases, no remedy would more promptly suggest itself to our mind than that of Tongaline. Knowing as we do definitely the component parts, the combination naturally suggests antagonism to a locked-up condition of the glands, opposition to La Grippe, neuralgia, rheumatism, nervous headache and gout.

We commend it earnestly and emphatically to the practitioners of the country at large to meet the conditions to which we have referred.

Sennine. Dr. M. Yarnall, St. Louis, Mo., says that since the introduction of "Sennine" to the profession "I have been using it in all appropriate cases and with such satisfactory results that I cannot refrain from recommending it as being valuable for the purposes claimed by the manufacturers. In vaginitis and leucorrhœa it is admirable, and it has proved especially efficacious in pruritus. An especially obstinate case of the latter with a pregnant woman yielded, after resorting to every method that had suggested itself to the writer. Improvement set in at once in this case with the use of "Sennine." In this, as well as in all other cases of a like character, such constitutional treatment was resorted to as was deemed expedient, and was continued during the local applications which were made not only within the vagina on prepared wool, but were also freely applied externally. This proved very grateful to the sufferer from the beginning, and at this writing the pruritus and irritations are entirely controlled. For ulcerations, specific and non-specific, it is equally applicable. In chancroidal sores it is in my opinion equal to any treatment that can be resorted to; in short, it is valuable in any and all the various antiseptic uses for which it is designed and recommended. The eligible form in which "Sennine" is presented—its non-toxic and unirritating properties—except in cases of extreme sensitiveness, when it should be mitigated with powdered starch or fuller's earth, and its real therapeutic value must place it at the head of the long list of similar articles."

Irregular Menstruation with General Debility. Dr. W. B. Mask of Louisiana reports upon the use of Sanmetto in irregular menstruation associated with general debility. There was also a torpid liver and obstinate constipation, together with much pain in the right hypochondriac and left iliac regions. After the use of but two bottles of the Sanmetto "she mended wonderfully, and is to-day in better health than she has been for three or four years, has gained several pounds, and the ovarian neuralgia is almost entirely gone."

Dr. Granville L. Fox, Slate Springs, Miss., says: "I have used Papine in two cases of typhoid fever. In all my practice of four years I have never yet found any preparation or combination that acted so admirably as an anodyne. Sometimes I combine it with Bromidia and get the best of results. I expect to keep it on hand from now on, as I do not know of anything that would exactly replace it in the experience I have had with it."

BOOK REVIEWS.

AN AMERICAN TEXTBOOK OF GYNECOLOGY, Medical and Surgical, for Practitioners and Students. Edited by J. M. Baldy, M. D. With 360 Illustrations in Text and 37 Colored and Half-tone Plates. Philadelphia: Q. B. Saunders, 925 Walnut Street. 1894. By subscription only. Price, Cloth, $6.00; Sheep, $7.00; Half Russia, $8.00.

The editor of this work has brought to his aid no less than nine well-known specialists of our own country. All the authors are teachers in some of our largest medical schools, and are therefore trained to present truths in a clear and concise manner. Because they are teachers it also follows that what they have to say is in accord with the latest authorities on those subjects; for if a teacher is not strictly up to date that

fact is soon made apparent by the criticisms of his pupils.

During the past ten or twelve years it has been necessary to keep works on gynecology in a constant state of revision, so rapid has been the advance in this science and art.

This textbook may be said to be a working-book for physicians and students. Much matter is found here brought out very fully, which is usually found only lightly touched upon; we refer to such subjects as Technique and After-Treatment. The illustrations form a marked feature in this book. By giving such a free supply of these it is possible to relieve the text of much irrelevant and cumbersome matter. A large part of these illustrations are original, many of them being reproduced from photographs.

With no extra matter to distract; with all discussions omitted; with plain, clear language; with illustrations superior in number and character; with high authorship; and with the best mechanical work, the volume is sure to meet a most generous reception.

New Edition of the National Dispensatory.

The new edition of the National Dispensatory is nearly ready for publication. It covers by authorization the new United States Pharmacopœia. This edition will contain at least one hundred pages more than its predecessor, although the price will remain the same. The therapeutical index together with the general index contains the vast total of 25,000 references. Messrs. Lea Brothers & Co. announce that the new edition will contain many new features and will retain the characteristics of the former editions as to accuracy, completeness and convenience.

Belladonna, Illustrated. A study of its History, Action and Uses in Medicine. Edited by F. B. Kilmer. Johnson & Johnson, 92 William Street, N. Y., Publishers. 1894. Pp. 72.

We have here a work that will be of especial interest to students, teachers and practitioners of pharmacy and medicine. It contains the very latest researches on this valuable drug, together with matters of practical value. There are about twenty original contributions from as many different authorities. There are also a number of translations and abstracts. The whole forms a very complete history of belladonna, while the illustrations are probably more complete than ever before presented. This work may be had by any of our readers interested in the subject by making application to the publishers.

The Popular Science Monthly for February.

A number of the articles in this month are of special interest to physicians. Among these are the following: Heredity in Relation to Education; the Psychology of a Dog; and the Wandering Jew at the Salpêtrière.

The Forum.

The January number of this monthly contains a number of articles of interest to the profession. Probably the one most likely to attract attention is, "Are Football Games Educative or Brutalizing?" Dr. D. B. St. John Roosa discusses the question from a physician's view of the game, while opinions are given by a group of college presidents. Although the price of the *Forum* has been reduced to one-half, it is neither reduced in size nor in the high tone of its articles.

Calendars for 1894.

We are in receipt of a number of beautiful calendars for 1894, and we certainly ought now to be able to keep track of the day of the month without very much trouble. Mr. Stearns of Detroit sends us one entitled "The Rivals." The colored illustration was made after the new process of photography in original colors.

Thomas Leeming & Co. of New York also issue a beautiful calendar in the interest of Nestle's Milk Food. The idea as represented by the twelve babies all in a row is most unique and attractive.

The Maltine Manufacturing Company also give us an interesting calendar, illustrated with a number of faces of men well known to the profession.

The Terraline Company sends out a calendar illustrated with old dog Tray, meaning, we presume, that the Terraline people act as a watch-dog over the health of the whole country.

The Michigan Mutual Life Insurance Company of Detroit send us one of the most elegant calendars of the year, arranged in a suitable form to represent the four seasons.